81st Regular Session, 2010-11 Agency Item Reductions Automated Budget and Evaluation System of Texas (ABEST)

Agency code: 503 Agency name: Texas Medical Board

Item Priority and Name/ Method of Financing	2010	2011	Biennial Total	Target

1 Rural Physician Assistant Loan Reimbursement

Item Comment: This reduction eliminates a transfer of funds to the TX Dept. of Rural Affairs (TDRA) and has no impact to TMB. The Medical Practice Act requires TDRA to operate a program for loan reimbursement for graduates of PA programs who practice in rural health professional shortage areas & medically underserved areas. The PA Board is charged with: 1) funding the program from PA licensing fees; and 2) authorizing the annual transfer of these funds to ORCA. The amount of funds transferred is authorized by a rider in TMB's bill pattern. If the reduction is not accepted, then the \$112,000 will be added for FY 11 to reduction Item #5 – Review of Standard of Care Cases by Expert Physician Consultants – causing further delays in TMB's enforcement process and review of standard of care cases.

GENERAL REVENUE FUNDS		
1 General Revenue Fund	\$0	\$112,000
General Revenue Funds Total	\$0	\$112,000
Item Total	\$0	\$112,000

2 Information Technology

Item Comment: This reduction eliminates part of the agency's IT budget and items in the capital budget rider including the standard replacement schedule for PCs/laptops for the biennium. It also includes the elimination of two exceptional item requests that were funded last session: 1) an automated timekeeping system and 2) the addition of a workflow module to the agency's digital archiving system.

GENERAL REVENUE FUNDS

1 General Revenue Fund	\$65,000	\$30,000
General Revenue Funds Total	\$65,000	\$30,000
Item Total	\$65,000	\$30,000

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3 Hiring Freeze - 8.5 FTEs

Item Comment: This reduction will require TMB to implement a hiring freeze on 8.5 positions in FY 10 & FY 11 which will negatively impact TMB's Licensure and Enforcement programs. The impact to Licensure includes a hiring freeze on 3.5 positions estimated to cause an increase in average time to complete physician licensure applications. This means that hospitals and other health care entities in Texas communities will have to wait longer for new physicians to enter practice and provide care to patients. The increase in application processing will also cause an increase in questions from applicants about the status of their applications which will result in further delays in the average time to complete an application. TMB estimates that the average number of days to issue a license will increase by 16% for a total of 59 days, 8 days over the target of 51. TMB also estimates a reduction of 17.5% in the number of new licenses issued to TMB's four categories of licensees: physicians, physician assistants, acupuncturists, and surgical assistants. The negative impact also includes a hiring freeze on 4 Enforcement positions in a program currently overburdened by an increase in complaints. In 2009, the Legislature approved additional funding to TMB to address a 30% increase in complaints and the agency correspondingly raised fees to cover this exceptional item. Implementing the hiring freeze will prohibit the agency from using the additional funding to address the growing number of complaints. Therefore, TMB estimates there will be no improvement in current performance measures which are already well above 2010 targets. For instance, in the first quarter of FY 10, the average number of days to resolve a complaint was currently 311 days, 61 days over the target of 250.

GENERAL REVENUE FUNDS

1 General Revenue Fund	\$265,869	\$373,155
General Revenue Funds Total	\$265,869	\$373,155
Item Total	\$265,869	\$373,155

4 Texas Physician Health Program (TPHP)

Item Comment: This reduction impacts the newly created Texas Physician Health Program (TPHP), which is administratively attached to TMB, and is charged with the mission of protecting the citizens of Texas by identifying potentially impaired physicians, physician assistants, acupuncturists, and surgical assistants (participants), directing them to evaluation or treatment, and monitoring those practitioners in recovery. It has a meager start-up budget, derived from participant fees, which includes only 2.5 FTEs and very basic IT and operational costs. This reduction will hinder TPHP's ability to effectively launch the program and serve the participants estimated to participate in FY 10 (150) and FY 11 (250). The program's limited budget is also supposed to cover travel expenses for its Board of Governors and communications with a required monitoring committee. This monitoring committee is to be made up of educated physicians in local communities who will be the backbone of the monitoring program and will be asked to follow-up on any positive drug or alcohol screen tests. Without full funding, the ability to attract these non-paid committee members and to continue dialogue with them will be almost impossible. There is simply no excess built into this budget. TPHP respectfully requests a waiver from the 5% reduction for FY 10 and FY 11.

GENERAL REVENUE FUNDS

1 General Revenue Fund	\$7,427	\$14,402
General Revenue Funds Total	\$7,427	\$14,402

* - Indicates amount does not meet target requirements.

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Item Priority and Name/ Method of Financing	2010	2011	Biennial Total	Target	
Item Total	\$7,427	\$14,402			

5 Review of Standard of Care Cases by Expert Physician Consultants

Item Comment: This reduction impacts the TMB's Enforcement program. TMB has been steadily working through a backlog of standard of care cases waiting for review by an expert physician. Currently, there are approximately 500 of these cases which is about 100 less than in December 2009. Should the funding for expert physician review be reduced, TMB expects the backlog of cases waiting for review to grow by several hundred. This will seriously impede the agency's ability to have standard of care cases reviewed by an expert physician and will extend the backlog in processing these cases until funds become available. Virtually all of the TMB's key enforcement performance measures will be negatively impacted if reviews by expert panelists have to be put on hold. In the absence of these reviews, no standard of care cases can be resolved. Therefore, none of the standard of care cases will be dismissed or will result in a disciplinary action. Currently about 70 - 75% of investigations involve standard of care issues.

GENERAL REVENUE FUNDS

1 General Revenue Fund	\$0	\$55,262	
General Revenue Funds Total	\$0	\$55,262	
GR DEDICATED			
5105 Public Assurance	\$0	\$222,896	
Gr Dedicated Total	\$0	\$222,896	
Item Total	\$0	\$278,158	
Agency General Revenue Total	\$338,296	\$584,819	
Agency GR Dedicated Total	\$0	\$222,896	
Agency Grand Total	\$338,296	\$807,715	\$1,146,011

* - Indicates amount does not meet target requirements.