

Licensing logjam

End needless delays keeping new physicians from giving Texans the health care they need.

TEXANS voted in 2003 for Proposition 12, which imposed a limit on doctors' medical liability, after proponents promised the measure would alleviate the "crisis" in medical malpractice insurance and thus ensure broad access to health care for patients. True, some Texas physicians saw their malpractice premiums drop sharply, and there was a surge in applications from doctors wanting to practice in the state to avoid the onerous insurance premiums and jury awards levied in other states. But the promise of broad access to health care never materialized, due in part to exorbitant delays in processing new doctor applications.

More than 4,000 applications were received in 2006, up from around 2,500 in 2002. An application that took an average of 18 days to process in 2003 took 60 days two years later and now takes around 105 days. Complex applications take even longer.

So, to add insult to injury, the patients of Texas not only lost an important protection against incompetent doctors when Prop. 12 was passed, they now face long delays in relieving the shortage of medical care in a state that is near the bottom of the heap in doctor-to-patient ratios — 42nd in the nation in 2005.

Compounding the irony is the fact that what it would take to resolve the processing problems amounts to peanuts in the grand scheme of things:

Donald Patrick, a physician and executive director of the Texas Medical Board, figures that his agency could break the logjam by hiring six extra people for less than \$200,000 a year and by securing a \$50,000 grant to up date computers.

But his hands are tied because the Legislature needs to authorize both personnel and funds for the agency. Legislators only days ago got their committee assignments for the current session, so no action has been taken on the emergency appropriation it would take to resolve the problem.

While this is fixable — there is an excellent chance the measure will pass — it raises another concern: the growing tendency to sweep these kinds of fees into general revenue. The medical board generates \$50 million to \$55 million biennially and receives back only \$15 million. Frustrated patients who have to wait for treatment and frustrated doctors who cannot earn a living while waiting several months to be licensed might well ask why only about 30 percent of the \$805 application fee is going to the agency.

It would be a different matter if the agency had not established a track record of efficiency. In 2001, when Patrick arrived at the medical board, the 50-page application took six months to process. By the next year, it had been shortened to 10 pages, and by 2003 the application took 18 days. In the last legislative session, when the crisis was clearly building, Patrick asked for additional staffing and funding and was rebuffed.

The Legislature could relieve the licensing backlog quickly and easily, after which it should rethink its shortsighted policy of commandeering such a large bite of available funds for general revenue when it so seriously compromises the agency that raised the funds. Texas patients deserve better, as do the physicians of good will who are trying to serve them.