

SENATE BILL REPORT

SB 5502

As of February 19, 2009

Title: An act relating to primary care physician training.

Brief Description: Establishing the primary care physician conditional tuition waiver program.

Sponsors: Senators Keiser, Pflug, Franklin, Murray, Roach, Marr, Kohl-Welles and Shin.

Brief History:

Committee Activity: Higher Education & Workforce Development: 2/03/09.

SENATE COMMITTEE ON HIGHER EDUCATION & WORKFORCE DEVELOPMENT

Staff: Aldo Melchiori (786-7439)

Background: Many community health centers, and economically disadvantaged and minority populations, are medically underserved and are likely to become even more so if, as predicted by the Health Resources and Services Administration in 2006, a national shortage of physicians emerges by 2020. Community health centers provide primary and preventive health care services for people living in rural and urban medically-underserved communities. Service is provided regardless of a patient's ability to pay. There are over 130 community health center sites in Washington.

Community health centers are already facing a health workforce crisis. A recent national survey of 890 community health centers found a pronounced shortage of family medicine physicians, with more than 400 family medicine vacancies, 40 percent of which had been open for more than seven months.

Summary of Bill: The Primary Care Physician Conditional Tuition Waiver Program is established. The program is administered by the University of Washington (UW). To be eligible for the tuition waiver, a person must be: (1) a resident student with a major in primary care medicine; (2) registered for at least six credit hours; (3) making satisfactory academic progress; and (4) have declared an intention to practice primary care medicine in Washington. Eligible students receive tuition waivers for a maximum of five years with an obligation to repay the waivers, with interest, unless they are employed in Washington for one year for every two years of tuition waived. The tuition waivers are funded by tuition

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adjustments collected from UW medical school students who do not chose to participate in the program.

A family medicine residency training grant program is created. Grant funds may be provided to increase the number of family medicine residency positions at community health centers. Within available funds, the Department of Health may disburse grants to at least three accredited, three-year family medicine residency programs sponsored or sited at community health centers in rural or urban medically-underserved areas. In the first year, and each subsequent year, funded family medicine residency programs must offer at least two first-year postgraduate residency positions in family medicine. In the second year, and each subsequent year, these family medicine residency programs must also offer at least two second-year postgraduate residency positions in family medicine. In the third year, and each subsequent year, these family medicine residency programs must also offer at least two third-year postgraduate residency positions in family medicine.

Funding for graduate medical education at UW must be directed toward residents in training in family medicine, internal medicine, and pediatrics who plan to pursue primary care following their residency programs.

Appropriation: None.

Fiscal Note: Requested on January 23, 2009.
[OFM requested ten-year cost projection pursuant to I-960.]

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: There is a growing crisis in primary health care due to a lack of physicians. Our health care policy is to emphasize primary care because it saves money. Only 16 percent of the medical students at the UW enter seeking a specialty in primary care. The UW is ranked number one in training physicians prepared to provide primary care. This would only result in about a \$3,000 tuition increase for the other medical students. Specialists make so much more money that they will recoup the tuition difference in a short time. It is fair to ask the state's premier public institution to address the needs of the state.

CON: Students unanimously oppose shifting the financial burdens to students not emphasizing primary care because it is fundamentally unfair and will create animosity between students. The UW's research reputation will be harmed. Students who actually paid increased tuition will not get refunds when the benefited students default on their agreements.

OTHER: The definition of primary care needs to be clarified. The cost shifting will give the advantage to other states when they are recruiting students to study in other specialties. A scholarship program would be better. The intent of this bill is good, but the bill needs more careful consideration.

Persons Testifying: PRO: Senator Keiser, prime sponsor; Diana King, Stephen Albrecht, Washington Association of Family Physicians; D. J. Wilson, Northwest Physicians Network.

CON: Tom Norris, UW; David Isemerger, UW graduate and Professional Student Senate.

OTHER: Scott Plack, Group Health Cooperative; Kate White Tudor, Washington Association of Community and Migrant Health Centers.