

# FINAL BILL REPORT

## E2SHB 1485

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Synopsis as Enacted

**Brief Description:** Concerning family medicine residencies in health professional shortage areas.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Haler, Cody, Schmick, Shea, Zeiger, Tarleton, Tharinger and Riccelli).

**House Committee on Health Care & Wellness**  
**House Committee on Appropriations**  
**Senate Committee on Health Care**

### **Background:**

#### The Family Medicine Residency Network.

The Family Medicine Residency Network (FMRN) was established in 1975 to help train resident physicians in family medicine. The FMRN provides financial support to residents in programs affiliated with the University of Washington (UW) School of Medicine and establishes positions for appropriate faculty to staff the programs. The Dean of the UW School of Medicine must implement the development and expansion of residency programs in cooperation with the medical profession, hospitals, and clinics located throughout Washington.

The Chair of the Department of Family Medicine at the UW School of Medicine determines where affiliated programs exist, giving consideration to communities in the state where the population, hospital facilities, number of physicians, and interest in medical education indicate the potential success of the residency program.

The amount of state funding for a residency program is limited to no more than 50 percent of the total cost of the program. No more than 25 percent of the state funding may be used for faculty and staff at the UW School of Medicine associated with affiliated residency programs. No funds may be used to subsidize the costs of patient care.

#### The Family Practice Education Advisory Board.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

In 1975 the Family Practice Education Advisory Board (FPEAB) was created to advise the UW School of Medicine in the implementation of the FMRN, including the selection of areas where affiliated residency programs will exist, the allocation of state funds, and procedures for review and evaluation of the programs. The FPEAB consisted of the following eight members:

- the Dean of the UW School of Medicine (who served as chair);
- the Chair of the Department of Family Medicine;
- two public members appointed by the Governor;
- a member appointed by the Washington State Medical Association;
- a member appointed by the Washington State Academy of Family Physicians;
- a hospital administrator appointed by the Governor; and
- a director representing the directors of community-based family practice residency programs, appointed by the Governor.

The Dean of the UW School of Medicine and the Chair of the Department of Family Medicine were permanent members of the FPEAB. The remaining initial members of the FPEAB were appointed to staggered terms. Subsequent members served four-year terms and could serve two consecutive terms.

The FPEAB was eliminated in 2010, but continues to meet informally.

#### The Health Professional Loan Repayment Program.

The Health Professional Loan Repayment Program provides conditional scholarships and loan repayment to health professionals working in shortage areas. To be eligible, a professional must commit to providing primary care in a shortage area for at least two years.

#### Collection of Demographic Information from Physicians and Physician Assistants.

The Medical Quality Assurance Commission (MQAC) must request physicians and physician assistants to submit information about their current professional practice at the time of license renewal. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the MQAC. Physicians and physician assistants are not required to submit the information as a condition of license renewal.

#### **Summary:**

The Legislature states its intent to increase the number of family medicine physicians in shortage areas by providing a fiscal incentive for hospitals and clinics to develop or expand residency programs. The Legislature also states its intent to encourage family medicine residents to work in shortage areas by funding the Health Professional Loan Repayment and Scholarship Program.

The medical schools administering the FMRN are expanded to include the Pacific Northwest University of Health Sciences and any other medical school accredited by the Liaison Committee of Medical Education or the Commission on Osteopathic College Accreditation that locates its entire four-year medical program in Washington. The schools of medicine must support the development of high-quality, accredited, affiliated residency programs and

must prioritize support for health professional shortage areas. The schools of medicine must also coordinate with the Office of Student Financial Assistance to notify prospective family medicine students and residents of their eligibility for the Health Professional Loan Repayment Program. No more than 10 percent of the state funding for the FMRN may be used for administrative or overhead costs. The FMRN, in collaboration with the schools of medicine, must administer the state funds appropriated for the program.

Each family medicine residency program must annually report the following information to the Department of Health (DOH):

- the location of the residency program and whether the program, or any portion of the program, is located in a health professional shortage area;
- the number of residents in the program and the number who attended an in-state versus an out-of-state medical school; and
- the number of graduates of the residency program who work within health professional shortage areas.

The DOH must aggregate the information received from the family medicine programs and report it to the Legislature every two years beginning November 1, 2016. The report must include information on how the geographic distribution of residency programs changes over time and, if the information is readily available, a comparison of the number of residents in family medicine versus specialty areas.

The FPEAB is re-established and re-named the Family Medicine Education Advisory Board (FMEAB). The FMEAB must consider and make recommendations on the selection of areas where affiliated residency programs will exist, the allocation of state funds, and procedures for review and evaluation of the programs. The FMEAB consists of the following members:

- one member of the House of Representatives appointed by the Speaker of the House;
- one member of the Senate appointed by the President of the Senate;
- one member appointed by each of the deans of the schools of medicine participating in the FMRN (who serve as co-chairs);
- two citizen members, one from east of the Cascade Mountains and one from west of the Cascade Mountains, appointed by the Governor;
- a member appointed by the Washington State Medical Association;
- a member appointed by the Washington Osteopathic Medical Association;
- a member appointed by the Washington State Academy of Family Physicians;
- a hospital administrator appointed by the Washington State Hospital Association; and
- a director representing the directors of community-based family practice residency programs, appointed by the FMRN.

The persons appointed by the deans of the schools of medicine are permanent members of the FMEAB. The remaining initial members of the FMEAB are appointed to staggered terms. Subsequent members serve four-year terms and may serve two consecutive terms.

The Board of Osteopathic Medicine and Surgery (BOMS) must request physicians and physician assistants to submit information about their current professional practice at the time of license renewal. This information may include practice setting, medical specialty, board certification, or other relevant data determined by the BOMS. Physicians and physician assistants must submit requested demographic information to the MQAC. Osteopathic

physicians and osteopathic physician assistants must submit requested demographic information to the BOMS.

**Votes on Final Passage:**

House	98	0	
Senate	44	0	(Senate amended)
House	95	0	(House concurred)

**Effective:** July 24, 2015