

SENATE BILL REPORT

E2SHB 1485

As of March 20, 2015

Title: An act relating to family medicine residencies in health professional shortage areas.

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).

Brief History: Passed House: 3/09/15, 98-0.

Committee Activity: Health Care: 3/19/15.

SENATE COMMITTEE ON HEALTH CARE

Staff: Evan Klein (786-7483)

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. 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

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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.

Summary of Bill: The family medicine residency programs (FMRPs) must annually report the following to the Department of Health (DOH):

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

DOH must aggregate this information and report it to the Legislature by November 1 of every even year, starting in 2016.

The definition of schools of medicine for purposes of FMRPs is expanded to include the Pacific Northwest University of Health Sciences and any other medical schools that are accredited and locate their program entirely in Washington.

In developing and expanding residency programs, the deans of the schools of medicine must, among other things, prioritize the support for health professional shortage areas in Washington. The schools of medicine must 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 and scholarship program.

A 10 percent cap is placed on the use of appropriated state funds by FMRPs for administrative or overhead costs.

A family medicine education advisory board is created to consist of the following members:

- one member from each of the two schools of medicine, to serve as permanent members and co-chairs of the advisory board;
- two citizen members, with one from each side of the Cascades;
- one member appointed by the Washington State Medical Association;
- one member appointed by the Washington Osteopathic Medical Association;
- one member appointed by the Washington State Academy of Family Physicians;
- one hospital administrator appointed by the Washington State Hospital Association;
- one director of a community-based FMRP appointed by the Family Medicine Residency Network;
- one member of the House of Representatives; and
- one member of the Senate.

The advisory board must provide recommendations on the selection of the areas within Washington where affiliate residency programs could exist, the allocation of funds appropriated for FMRPs, and the procedures for review and evaluation of the residency programs.

Appropriation: None.

Fiscal Note: Available.

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 doctor shortage throughout the state, and most of the state is underserved by family practitioners. Doctors are also starting to retire at increasing rates. Washington needs more residencies, especially in underserved areas. Washington has the opportunity to address primary care issues through additions to residency slots, with an emphasis on rural training. This bill would recognize, highlight, and enhance the role of primary care physicians in Washington State.

Persons Testifying: PRO: Representative Haler, prime sponsor; Ian Goodhew, UW Medicine; Nova Gattman, Health Workforce Council; David Knutson, Pacific NW University of Health Sciences; Jonathan Seib, WA Academy of Family Physicians; Susie Tracy, Family Medicine Residency Network; Katie Kolan, WA State Medical Assn.

Persons Signed in to Testify But Not Testifying: No one.