

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 14-0631.01 Brita Darling x2241

SENATE BILL 14-144

SENATE SPONSORSHIP

Aguilar and Nicholson, Crowder, Kefalas, Newell, Schwartz, Tochtrop, Todd

HOUSE SPONSORSHIP

Ginal,

Senate Committees

Health & Human Services
Appropriations

House Committees

A BILL FOR AN ACT

101 **CONCERNING EXTENDING THE COMMISSION ON FAMILY MEDICINE'S**
102 **SUPPORT FOR THE DEVELOPMENT OF FAMILY MEDICINE**
103 **RESIDENCY PROGRAMS IN UNDERSERVED AREAS OF THE STATE,**
104 **AND, IN CONNECTION THEREWITH, MAKING AND REDUCING**
105 **APPROPRIATIONS.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/bills summaries>.)

The bill extends the commission on family medicine's

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

SENATE
Amended 2nd Reading
April 15, 2014

(commission) support of the development of family medicine residency programs in rural and other underserved areas of the state and removes the 2016 repeal date for this commission duty. Further, the bill requires the commission to report annually to the office of state planning and budgeting and the department of health care policy and financing concerning its duty regarding family medicine residency programs and to present its report at the annual meeting of the joint budget committee.

In addition, the bill requires the commission to complete a study, or to contract for the completion of a study, concerning family medicine residency programs in rural and other underserved areas of the state. The bill includes several issues that must be evaluated as part of the study, including issues relating to family medicine residency programs, specifically, and graduate medical education programs, in general. The study must also include an evaluation and recommendations concerning the use of medicaid graduate medical education funding to support family medicine residency programs in the state. The completed study must be submitted to certain committees of the general assembly.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 hereby finds and declares that:

4 (a) According to research by the Graham Center and the Colorado
5 Health Institute, by 2030, there will be an estimated shortage of 1,773
6 primary care physicians in Colorado, and an additional 71 to 117 primary
7 care physicians are needed by 2016 to serve the newly insured;

8 (b) Due to the federal "Balanced Budget Act of 1997", medicare
9 funding for graduate medical education, or "GME", has essentially been
10 frozen based on national workforce projections developed almost two
11 decades ago;

12 (c) At the same time, between 2003 and 2013, Colorado expanded
13 its medical school enrollment by 142%, faster than any other state except
14 Nevada, without a concurrent plan to expand GME;

15 (d) The university of Colorado school of medicine will open a
16 satellite campus in Colorado Springs in fall 2014 that will further expand

1 the supply of medical graduates in Colorado;

2 (e) Nationwide, in 2013, 528 student graduates from allopathic
3 medical schools and 621 student graduates from osteopathic medical
4 schools were unable to locate a place to attend residency;

5 (f) Because GME is necessary to fulfill licensure and practice
6 requirements, expanding the supply of medical graduates without
7 concurrently expanding GME will result in no net growth of the state's
8 physician workforce;

9 (g) Nationally, rural physician production from GME is now less
10 than 5% and is insufficient to sustain the 11% of rural physicians and the
11 nearly 17% of Coloradans who live in rural areas;

12 (h) In addition, rural training tracks increase physicians who
13 practice in rural areas, as up to 76% of graduates of rural training tracks
14 stay in rural areas; and

15 (i) Colorado is committed to increasing the number of physicians
16 in its rural areas.

17 (2) Therefore, the general assembly declares that family medicine
18 GME programs are crucial to Colorado's health needs, and it is
19 appropriate for the commission on family medicine to report, or contract
20 for a report, to the general assembly regarding existing programs and how
21 the state can increase participation in family medicine GME programs in
22 rural and other underserved areas of the state in order to build Colorado's
23 primary care workforce.

24 **SECTION 2.** In Colorado Revised Statutes, 25-1-903, **amend** (1)
25 (f); and **add** (3) as follows:

26 **25-1-903. Duties of commission - reporting - repeal.** (1) The
27 commission shall:

1 (f) (I) Support the development AND MAINTENANCE of family
2 medicine residency programs in rural AND OTHER UNDERSERVED areas OF
3 THE STATE for purposes of cultivating family medicine practitioners who
4 are likely to continue practicing in rural AND UNDERSERVED areas OF THE
5 STATE at the conclusion of ~~the~~ THEIR residency programs.

6 (II) ~~This paragraph (f) is repealed, effective July 1, 2016.~~

7 (III) ON OR BEFORE NOVEMBER 1, 2014, AND ON OR BEFORE EACH
8 NOVEMBER 1 THEREAFTER, THE COMMISSION SHALL REPORT TO THE
9 OFFICE OF STATE PLANNING AND BUDGETING AND TO THE DEPARTMENT OF
10 HEALTH CARE POLICY AND FINANCING CONCERNING RURAL FAMILY
11 MEDICINE RESIDENCY PROGRAMS IN THE STATE AND THE ROLE OF THE
12 COMMISSION WITH RESPECT TO SUPPORTING THE DEVELOPMENT AND
13 MAINTENANCE OF THOSE PROGRAMS. IN ADDITION, THE COMMISSION
14 SHALL PRESENT THE REPORT TO THE JOINT BUDGET COMMITTEE AS PART
15 OF ITS ANNUAL PRESENTATION TO THAT COMMITTEE.

16 (3) (a) SUBJECT TO AVAILABLE APPROPRIATIONS, THE COMMISSION
17 SHALL COMPLETE A STUDY, OR CONTRACT FOR THE COMPLETION OF A
18 STUDY, CONCERNING FAMILY MEDICINE RESIDENCY PROGRAMS AND HOW
19 THESE PROGRAMS WILL MEET THE PRIMARY CARE WORKFORCE NEEDS OF
20 RURAL COLORADO AND OTHER UNDERSERVED AREAS OF THE STATE.
21 SPECIFICALLY, THE STUDY MUST INCLUDE AN EVALUATION OF AND
22 RECOMMENDATIONS CONCERNING:

23 (I) FAMILY MEDICINE WORKFORCE DATA COLLECTION SYSTEMS IN
24 THE STATE AND HOW THESE SYSTEMS COULD BE MORE EFFECTIVE IN
25 PROVIDING DATA ON PRIMARY CARE WORKFORCE NEEDS AND PROVIDER
26 RETENTION, PARTICULARLY IN RURAL AND OTHER UNDERSERVED AREAS
27 OF THE STATE;

1 (II) THE UTILITY OF CREATING A GRADUATE MEDICAL EDUCATION
2 ADVISORY COUNCIL TO DEVELOP A METHOD FOR ASSESSING COLORADO'S
3 GRADUATE EDUCATION NEEDS MORE GENERALLY, INCLUDING PRIMARY
4 CARE AS WELL AS SPECIALTY CARE IN RURAL AND OTHER UNDERSERVED
5 AREAS OF THE STATE;

6 (III) METHODS TO ENGAGE THIRD-PARTY PAYERS IN SUPPORTING
7 GRADUATE MEDICAL EDUCATION PROGRAMS TO MEET PHYSICIAN
8 SHORTAGES;

9 (IV) EFFECTIVE STRATEGIES TO ENHANCE FEDERAL FUNDING TO
10 FAMILY MEDICINE TRAINING PROGRAMS, INCLUDING RURAL TRAINING
11 TRACKS;

12 (V) EFFECTIVE STRATEGIES FOR TARGETING STATE FUNDING TO
13 RURAL AND OTHER UNDERSERVED AREAS IN THE STATE WHERE FAMILY
14 RESIDENCY PROGRAMS ARE NEEDED;

15 (VI) METHODS FOR MONITORING THE EFFECT OF RURAL RESIDENCY
16 PROGRAMS ON PHYSICIAN RETENTION IN RURAL AND OTHER UNDERSERVED
17 AREAS OF THE STATE;

18 (VII) METHODS FOR MONITORING THE EFFECT OF LOAN
19 REPAYMENT PROGRAMS ON PHYSICIAN RETENTION IN RURAL AND OTHER
20 UNDERSERVED AREAS OF THE STATE; AND

21 (VIII) COSTS REQUIRED TO SUSTAIN FAMILY MEDICINE RESIDENCY
22 PROGRAMS THAT ARE NOT RECOUPED OVER TIME THROUGH OTHER
23 SOURCES OF REVENUE SUCH AS MEDICAID AND MEDICARE BILLING.

24 (b) ON OR BEFORE MARCH 1, 2015, THE COMMISSION SHALL
25 SUBMIT THE STUDY TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF
26 THE SENATE AND THE PUBLIC HEALTH CARE AND HUMAN SERVICES
27 COMMITTEE OF THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR

1 COMMITTEES, AND MAKE RECOMMENDATIONS CONCERNING SUBSEQUENT
2 ACTION NEEDED TO ENSURE THE DEVELOPMENT OF AN ADEQUATE
3 PRIMARY CARE WORKFORCE.

4 (c) THIS SUBSECTION (3) IS REPEALED, EFFECTIVE JULY 1, 2016.

5 **SECTION 3. Appropriation - adjustments to 2014 long bill.**

6 (1) For the implementation of this act, the general fund appropriation
7 made in the annual general appropriation act to the controlled
8 maintenance trust fund created in section 24-75-302.5 (2) (a), Colorado
9 Revised Statutes, for the fiscal year beginning July 1, 2014, is decreased
10 by \$75,000.

11 (2) In addition to any other appropriation, there is hereby
12 appropriated, to the department of health care policy and financing, for
13 the fiscal year beginning July 1, 2014, the sum of \$150,000, or so much
14 thereof as may be necessary, for allocation to other medical services for
15 commission on family medicine residency training programs related to the
16 implementation of this act. Of said sum, \$75,000 is from the general fund
17 and \$75,000 is from federal funds.

18 **SECTION 4. Act subject to petition - effective date.** This act
19 takes effect at 12:01 a.m. on the day following the expiration of the
20 ninety-day period after final adjournment of the general assembly (August
21 6, 2014, if adjournment sine die is on May 7, 2014); except that, if a
22 referendum petition is filed pursuant to section 1 (3) of article V of the
23 state constitution against this act or an item, section, or part of this act
24 within such period, then the act, item, section, or part will not take effect
25 unless approved by the people at the general election to be held in
26 November 2014 and, in such case, will take effect on the date of the
27 official declaration of the vote thereon by the governor.