

Second Regular Session  
Sixty-ninth General Assembly  
STATE OF COLORADO

**SECOND REVISED**

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

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**,

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**Senate Committees**

Health & Human Services  
Appropriations

**House Committees**

Public Health Care & Human Services  
Appropriations

HOUSE  
Amended 2nd Reading  
April 29, 2014

HOUSE  
2nd Reading Unamended  
April 25, 2014

SENATE  
3rd Reading Unamended  
April 16, 2014

SENATE  
Amended 2nd Reading  
April 15, 2014

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**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.**

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**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.*

(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.

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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 department of health  
8 care policy and financing for the commission on family medicine  
9 residency training programs, for the fiscal year beginning July 1, 2014, is  
10 decreased 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.