SENATE No. 1457

The Commonwealth of Massachusetts

PRESENTED BY:

Eric P. Lesser

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to improve access to family physicians.

PETITION OF:

NAME:DISTRICT/ADDRESS:Eric P. LesserFirst Hampden and Hampshire

SENATE No. 1457

By Mr. Lesser, a petition (accompanied by bill, Senate, No. 1457) of Eric P. Lesser for legislation to improve access to family physicians. Public Health.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. 1282 OF 2019-2020.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act to improve access to family physicians.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- SECTION 1. Section 25N ½ of Chapter 111 of the General Laws is hereby amended by striking subsection (b) and inserting in place thereof the following subsection:-
- 3 (b) Pursuant to regulations to be promulgated by the health care workforce center, there
- 4 shall be established a primary care and family medicine residency grant program for the purpose
- 5 of financing the training of primary care providers and family physicians at teaching community
- 6 health centers. Eligible applicants shall include teaching community health centers accredited
- 7 through affiliations with a commonwealth-funded medical school or licensed as part of a
- 8 teaching hospital with a residency program in family medicine and teaching health centers that
- 9 are the independently accredited sponsoring organization for the residency program and whose

residents are employed by the health center. Eligible residency programs shall be accredited by the Accreditation Council for Graduate Medical Education.

To receive funding, an applicant shall: (1) include a review of recent graduates of the community health center's residency program, including information regarding what type of practice said graduates are involved in 2 years following graduation from the residency program; and (2) achieve a threshold of at least 95 per cent for the percentage of graduates practicing primary care within 2 years after graduation. Graduates practicing more than 50 per cent inpatient care or more than 50 per cent specialty care as listed in the American Medical Association Masterfile shall not qualify as graduates practicing primary care.

The health care workforce center shall require applicants to include the following information and give preference to those applicants whom meet at least one of the following criteria: (1) Have a proven record of placing graduates in areas of unmet need; (2) Have a record or written plan of attracting and admitting underrepresented minorities and/or economically disadvantaged groups; or (3) host their programs and/or clinical training sites in areas of unmet need.

Awardees of the primary care residency grant program shall offer a 3 to 4 year residency program and maintain their teaching accreditation as either an independent teaching community health center or as a teaching community health center accredited through affiliation with a commonwealth-funded medical school or licensed as part of a teaching hospital. All resident trainees shall be assigned as the primary care provider of a continuity panel of patients and see those patients in that location no less than 40 weeks per academic year for each of the years of the residency.

The health care workforce center shall determine through regulation grant amounts per full-time resident provided grant amounts per resident are no less than 85% of the average CMS annual reimbursement rate per year and funding is provided for all of the 3 or 4 year residency. Funds for such grants shall come from the Health Care Workforce Transformation Fund established under section 2FFFF of chapter 29.