

HOUSE No.

The Commonwealth of Massachusetts

PRESENTED BY:

Kate Hogan

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:	DATE ADDED:
<i>Kate Hogan</i>	<i>3rd Middlesex</i>	<i>1/14/2025</i>

HOUSE No.

[Pin Slip]

[SIMILAR MATTER FILED IN PREVIOUS SESSION
SEE HOUSE, NO. 2198 OF 2023-2024.]

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

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:

1 SECTION 1. Section 25N ½ of chapter 111 of the General Laws, as appearing in the
2 2016 Official Edition, is hereby amended in subsection (b) by inserting after the words “primary
3 care” in line 8 the words “and family medicine”.

4 SECTION 2. Said subsection (b) of section 25N ½, as so appearing, is hereby further
5 amended by adding the phrase “and family physicians” after “primary care providers” at the end
6 of the first sentence of the first paragraph.

7 SECTION 3. Said subsection (b) of section 25N ½, as so appearing, is hereby further
8 amended by striking out in line 23 the number “50” and inserting in place thereof “95”.

9 SECTION 4. Said subsection (b) of section 25N ½, as so appearing, is hereby further
10 amended by inserting after the second paragraph the following new paragraph:—

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

17 SECTION 5. Said subsection (b) of section 25N ½, as so appearing, is hereby further
18 amended by striking out the phrase “9 to 12 month” in line 30 and inserting in place thereof “3
19 to 4 year”.

20 SECTION 6. Said subsection (b) of section 25N ½, as so appearing, is hereby further
21 amended by adding at the end of the third paragraph:—

22 All resident trainees shall be assigned as the primary care provider for a continuity panel
23 of patients and see those patients in that location no less than 40 weeks per academic year for
24 each year of the residency.

25 SECTION 7. Said subsection (b) of section 25N ½, as so appearing, is hereby further
26 amended by striking out the first sentence and inserting in place thereof:—

27 The health care workforce center shall determine through regulation grant amounts per
28 full-time resident, provided that grant amounts per resident are no less than 85% of the average
29 CMS annual reimbursement rate per year and funding is provided for all of the 3 or 4 year
30 residency.