

**Committee on Public Health
Bill Summary**

Bill No. H2451
Title: *An Act to improve access to family physicians*
Sponsor: Representative Kate Hogan
Committee: Public Health
Hearing Date: June 23, 2025
Similar Matters: None
Prior History: Refile of H2198 of 23-24; Referred to Public Health; Reported favorably and referred to Health Care Financing; Accompanied a study order.
Reporting Deadline: August 22, 2025

Current Law:

- **M.G.L. Chapter 111 § 25N½** establishes the health care workforce residency grant program in primary care and establishes criteria for such program.

Summary:

This bill seeks to make program, criteria, and funding changes to the primary care residency grant program under the health care workforce center, including the addition of family medicine.

SECTIONS 1-2 amend the health care workforce center's residency program to become a family medicine and primary care residency grant program for the purposes of training family medicine providers in addition to primary care providers.

SECTION 3 amends the criteria for receiving funding from this grant program by increasing the threshold of graduates practicing primary care from 50% to 95%.

SECTION 4 adds a new paragraph to subsection (b) of chapter 111 § 25N½ that requires applicants for such grants to provide information on placement of graduates in areas of unmet need, on record or plan for attracting underrepresented minority or economically disadvantaged groups or on hosting their programs and clinical sites in areas of unmet need. Such programs should be given priority for residency grant funding.

Section 5 amends the length of the residency grant program from 9-12 months to 3-4 years.

SECTION 6 adds a requirement that all resident trainees be assigned a continuity panel of patients and see those patients no less than 40 weeks per academic year for each year of residency.

SECTION 7 amends the calculation process for funding per resident by requiring the center to determine through regulation grant amounts per full-time resident, provided that they are no less than 85% of the average CMS annual reimbursement rate per year. Funding must be provided for the full length of the residency.