

HCS HB 1162 -- GRADUATE MEDICAL EDUCATION GRANT PROGRAM

SPONSOR: Haden

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Healthcare Reform by a vote of 12 to 0. Voted "Do Pass" by the Standing Committee on Rules- Administrative Oversight by a vote of 7 to 0.

The following is a summary of the House Committee Substitute for HB 1162.

Subject to appropriation, this bill requires the Department of Health and Senior Services to establish a graduate medical education grant program, awarding grants to entities operating graduate medical education programs in this state. The total amount awarded must be enough to fund 20 residency slots, across all recipients, in each fiscal year beginning with FY2024 and ending with FY2034.

When awarding grants, the Department must prioritize entities operating programs that serve areas of greatest need, as determined by the Department; and that offer residency programs in primary care. The Department must also publish on its website eligibility criteria, criteria for determining the amount and duration of grants, the contents of the grant application, and the procedures and timelines by which entities may apply for grants.

If an individual who completed residency training that had been funded, in whole or in part, by a grant as depicted in this bill fails to work in Missouri for a minimum of three years following their training in the state, they are responsible for paying back the funds on a prorated basis to the entity operating the graduate medical education program that initially received the funds. That entity, then, must return the funds for deposit in the Graduate Medical Education Grant Program Fund described in this bill.

This bill creates the "Graduate Medical Education Grant Program Fund", which will consist of moneys appropriated to it by the General Assembly, all funds returned from an individual who failed to work in the state for three years following the culmination of their training, and any gifts, contributions, grants, or bequests received from federal, private, or other sources. Additionally, the Department must conduct research on funding options and seek additional funding from federal, private, and other sources.

The Department of Health and Senior Services may promulgate any and all necessary rules and regulations for the administration of this bill.

This bill has an emergency clause.

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

PROPONENTS: Supporters say that while there are plenty of students, there are not enough residency slots, and the federal government has not funded slots to keep pace with the growth in medical enrollment. Missouri is by far not the only state dealing with a critical healthcare provider shortage, but may face a collapse of the statewide healthcare system in the next decade if measures are not taken to address the issues. Moreover, the state in which a medical graduate practices their residency is indicative of where they will practice medicine upon completion of the program. Missouri, overall, is a net exporter of medical students to out-of-state residency programs.

Testifying in person for the bill were Representative Haden; Missouri Chamber of Commerce and Industry; Sarah Cole; Cox Health; Missouri Society of Anesthesiologists, Missouri Dermatological Society Assoc.; Saint Luke's Health System; Missouri Association of Osteopathic Physicians and Surgeons; University Health; Missouri Hospital Association; Phil Byrne, UMKC School of Medicine; Missouri Academy of Family Physicians; Alberet Hsu, Missouri Acog; and George Hubbell, MD, Missouri State Medical Association.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill say an increased shortage is to be expected in the coming years due to retirement and an aging health care provider population. Residents coming from rural areas, training in family practice, and participating in rural healthcare provision are the most likely to practice further in rural zones. There have been noticeable increases in rural healthcare practice due to the expansion of funding for slots in states such as California and Texas.

Testifying in person on the bill were Ramon Martinez, MOST Policy Initiative; and Richard Barohn, MD, University of Missouri.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.