

SECOND REGULAR SESSION

HOUSE BILL NO. 3298

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE OVERCAST.

7069H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal section 334.035, RSMo, and to enact in lieu thereof nine new sections relating to the licensure of physicians.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 334.035, RSMo, is repealed and nine new sections enacted in lieu thereof, to be known as sections 334.035, 334.333, 334.336, 334.339, 334.342, 334.345, 334.348, 334.351, and 334.354, to read as follows:

334.035. Except as otherwise provided in section 334.036, every applicant for a permanent license as a physician and surgeon shall provide the board with satisfactory evidence of having successfully completed ~~[such postgraduate training in hospitals or medical or osteopathic colleges as the board may prescribe by rule.]:~~

(1) A residency program accredited by the Accreditation Council for Graduate Medical Education or its successor organization; or

(2) A state-accredited residency program approved by the board under sections 334.333 to 334.354.

334.333. 1. Sections 334.333 to 334.354 shall be known and may be cited as the "Missouri State-Sponsored Residency Pathway Act".

2. As used in sections 334.333 to 334.354, the following terms mean:

(1) "Accreditation pathway", the accreditation of a residency program as a nationally accredited residency program or a state-accredited residency program;

(2) "Board", the state board of registration for the healing arts;

EXPLANATION — Matter enclosed in bold-faced brackets ~~[thus]~~ in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

7 **(3) "Demonstrated workforce shortage", a shortage of physicians in a particular**
8 **specialty as demonstrated by the satisfaction of one or more of the following objective**
9 **criteria:**

10 **(a) The specialty is identified as experiencing a current or projected shortage in**
11 **a peer-reviewed or publicly issued workforce report by:**

12 **a. The department of health and senior services;**

13 **b. The Missouri Hospital Association;**

14 **c. A state university medical or public health program; or**

15 **d. A federal agency with jurisdiction over health workforce analysis;**

16 **(b) The specialty demonstrates persistent access deficiencies including, but not**
17 **limited to:**

18 **a. Average new-patient wait times exceeding thirty days for routine care; or**

19 **b. Documented physician-to-population ratios below national or state**
20 **benchmarks published by a governmental or academic entity; or**

21 **(c) The specialty is the subject of a formal finding or resolution of the general**
22 **assembly identifying a shortage impacting access to care;**

23 **(4) "Health care provider", a hospital, health system, federally qualified health**
24 **center, or health clinic;**

25 **(5) "Nationally accredited residency program", a residency program accredited**
26 **by the Accreditation Council for Graduate Medical Education or its successor**
27 **organization;**

28 **(6) "Pilot period", the period before January 1, 2030, in which the board may**
29 **limit approval of state-accredited residency programs;**

30 **(7) "Residency program" or "program", a postgraduate physician training**
31 **program;**

32 **(8) "Resident physician", a physician enrolled in a residency program;**

33 **(9) "State-accredited residency program", a residency program approved by the**
34 **board under sections 334.333 to 334.354.**

334.336. 1. The board shall establish and administer a process for approval of
2 **residency programs as state-accredited residency programs.**

3 **2. Any health care provider may apply to sponsor a state-accredited residency**
4 **program.**

5 **3. Except as provided by the board during the pilot period, approval to operate a**
6 **state-accredited residency program shall be based solely on compliance with the**
7 **statutory standards of sections 334.333 to 334.354.**

8 **4. The board shall not require national or private accreditation of a residency**
9 **program as a condition of state approval.**

10 **5. During the pilot period, the board may limit approval of residency programs**
11 **by rule. Any limit imposed by the board shall be based on:**

12 **(1) A cap imposed on the number of state-accredited residency programs. If a**
13 **cap is imposed, the board shall approve programs on a first-come, first-served basis**
14 **until the cap is met; or**

15 **(2) The specialty of the program or the geographic region in which the program**
16 **primarily operates. If the board limits approval under this subdivision, the board shall**
17 **select specialties or geographic regions based on the need to improve access to care.**

18 **6. The board may promulgate rules to implement approval criteria during the**
19 **pilot period and application procedures for residency programs that apply for approval**
20 **during or after the pilot period. Any rule or portion of a rule, as that term is defined in**
21 **section 536.010, that is created under the authority delegated in this section shall**
22 **become effective only if it complies with and is subject to all of the provisions of chapter**
23 **536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable**
24 **and if any of the powers vested with the general assembly pursuant to chapter 536 to**
25 **review, to delay the effective date, or to disapprove and annul a rule are subsequently**
26 **held unconstitutional, then the grant of rulemaking authority and any rule proposed or**
27 **adopted after August 28, 2026, shall be invalid and void.**

334.339. Each state-accredited residency program shall meet the following
2 **minimum requirements:**

3 **(1) The program shall provide training of a duration sufficient to ensure that**
4 **resident physicians achieve clinical competency in the applicable specialty. The board**
5 **shall consider the duration requirement for training under this subdivision satisfied**
6 **despite a program length shorter than the customary national program length if:**

7 **(a) The program is in family medicine or another specialty experiencing a**
8 **demonstrated workforce shortage;**

9 **(b) The program demonstrates, through objective competency-based standards,**
10 **that resident physicians in the program will achieve outcomes for clinical proficiency,**
11 **patient safety, and scope-of-practice readiness equivalent to those achieved by graduates**
12 **of longer programs;**

13 **(c) The shortened duration does not eliminate essential clinical rotations or**
14 **required core competencies for the specialty; and**

15 **(d) The program includes enhanced supervision, evaluation, and competency**
16 **verification mechanisms sufficient to ensure that the quality of training is not**
17 **diminished;**

18 **(2) The program shall ensure that the practice of medicine by resident**
19 **physicians is under the supervision of physicians who hold an unrestricted license to**

20 practice medicine in this state and who possess demonstrated competence in the
21 specialty area;

22 (3) The program shall ensure that the patient volume and diversity of clinical
23 experience are sufficient for resident physicians to achieve competency in the specialty;

24 (4) The program shall implement written evaluation, remediation, and dismissal
25 procedures for the resident physicians; and

26 (5) The program shall comply with all applicable state laws relating to patient
27 safety, quality reporting, and professional conduct.

334.342. 1. The board shall not require any postgraduate training in addition to
2 the postgraduate training in a residency program required under section 334.035 to
3 obtain permanent licensure as a physician.

4 2. The board shall not vary the requirements for licensure as a physician based
5 on the accreditation pathway of the residency program completed by the physician.

334.345. 1. The privilege of a physician licensed in this state to practice medicine
2 in any hospital, clinic, or health care facility in this state shall not vary based on the
3 accreditation pathway of the residency program completed by the physician.

4 2. A hospital or health system shall not deny staff privileges to a physician
5 licensed in this state based solely on the accreditation pathway of the residency program
6 completed by the physician.

334.348. 1. Except as provided during the pilot period, any denial, limitation, or
2 revocation of approval of a state-accredited residency program shall be based solely on
3 failure to meet express statutory requirements. Any denial, limitation, or revocation
4 shall be in writing and state the specific statutory grounds for the action or, if the action
5 occurred during the pilot period, the specific statutory or regulatory grounds for the
6 action.

7 2. Any state-accredited residency program that has had its approval denied,
8 limited, or revoked by the board may seek a review of the board's action by the
9 administrative hearing commission.

10 3. This section shall not be construed to grant the board authority to impose
11 requirements not expressly authorized by statute.

334.351. 1. Nothing in sections 334.333 to 334.354 shall be construed to:

2 (1) Guarantee eligibility for federal graduate medical education funding; or

3 (2) Require any other state to accept completion of a state-accredited residency
4 program for the purposes of licensure or authorization to practice in that state.

5 2. Nothing in sections 334.333 to 334.354 shall be construed to limit, replace, or
6 interfere with nationally accredited residency programs operating within this state.

7 **3. The department of social services may seek any federal waiver, state plan**
8 **amendment, or other federal approval necessary to maximize federal reimbursement of**
9 **health care services provided by resident physicians consistent with sections 334.333 to**
10 **334.354.**

334.354. 1. Sections 334.333 to 334.354 shall not be subject to the provisions of
2 **the Missouri sunset act under sections 23.250 to 23.298.**

3 **2. Before January 1, 2037, and every ten years thereafter, the board shall submit**
4 **a report to the general assembly containing:**

5 **(1) Data on the state-accredited residency programs approved by the board**
6 **including, but not limited to:**

7 **(a) The number of programs approved by the board;**

8 **(b) The geographic regions in which the programs primarily operate;**

9 **(c) The number and type of specialties offered by the programs; and**

10 **(d) The number of physicians who graduated from the programs;**

11 **(2) Data on the workforce participation of graduates of state-accredited**
12 **residency programs, including data disaggregated by specialty, type of employer, and**
13 **geographic region;**

14 **(3) Data on the outcomes for clinical proficiency, patient safety, and scope-of-**
15 **practice readiness achieved by graduates of state-accredited residency programs as**
16 **compared to the outcomes achieved by graduates of nationally accredited residency**
17 **programs; and**

18 **(4) Data on insurance reimbursement practices for health care services provided**
19 **by resident physicians and graduates of state-accredited residency programs.**

✓