

HB 3298 -- STATE-SPONSORED RESIDENCY PROGRAM

SPONSOR: Overcast

This bill creates the "Missouri State-Sponsored Residency Pathway Act" a state-accredited residency program for physicians. Any health care provider can apply to sponsor a state-accredited residency program. The State Board of Registration for the Healing Arts (Board) will not require national or private accreditation of a residency program as a condition of state approval. The Board will promulgate rules to implement application procedures for residency programs that apply for approval.

For a health care provider to qualify to be have a state-accredited residency program, the health care provider must create a program that meets certain requirements as described in the bill.

The Board cannot vary the requirements for licensure as a physician based on whether the physician completed a nationally accredited residency program or a state-accredited residency program. Additionally, the privilege of a physician licensed to practice medicine in any hospital, clinic, or health care facility in this state cannot vary based on whether the physician completed a nationally accredited residency program or a state-accredited residency program.

This bill does not guarantee eligibility for federal graduate medical education funding or require any other state to accept completion of a state-accredited residency program for the purposes of licensure or authorization to practice in that state.

Before January 1, 2037, and every ten years thereafter, the board must submit a report to the general assembly containing:

(1) Data on the state-accredited residency programs approved by the board including, but not limited to, the number of programs approved by the board, the geographic regions in which the programs primarily operate, the number and type of specialties offered by the programs, and the number of physicians who graduated from the programs;

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

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

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

The provisions of this bill contain a pilot period that occurs before January 1, 2030, during which time the Board may limit the approval of state-accredited residency programs.