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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 2055

03/09/2021 Authored by Boldon
The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to health; modifying the international medical graduate primary care
1.3 residency grant program; amending Minnesota Statutes 2020, section 144.1911,
1.4 subdivision 6.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2020, section 144.1911, subdivision 6, is amended to read:

1.7 Subd. 6. International medical graduate primary care residency grant program
1.8 and revolving account. (a) The commissioner shall award grants to support primary care
1.9 residency positions designated for Minnesota immigrant physicians who are willing to serve
1.10 in rural or underserved areas of the state. No grant shall exceed \$150,000 per residency
1.11 position per year. Eligible primary care residency grant recipients include accredited family
1.12 medicine, general surgery, internal medicine, obstetrics and gynecology, psychiatry, and
1.13 pediatric residency programs. Eligible primary care residency programs shall apply to the
1.14 commissioner. Applications must include the number of anticipated residents to be funded
1.15 using grant funds and a budget. Notwithstanding any law to the contrary, funds awarded to
1.16 grantees in a grant agreement do not lapse until the grant agreement expires. Before any
1.17 funds are distributed, a grant recipient shall provide the commissioner with the following:

1.18 (1) a copy of the signed contract between the primary care residency program and the
1.19 participating international medical graduate;

1.20 (2) certification that the participating international medical graduate has lived in
1.21 Minnesota for at least two years and is certified by the Educational Commission on Foreign
1.22 Medical Graduates. Residency programs may also require that participating international

2.1 medical graduates hold a Minnesota certificate of clinical readiness for residency, once the  
2.2 certificates become available; and

2.3 (3) verification that the participating international medical graduate has executed a  
2.4 participant agreement pursuant to paragraph (b).

2.5 (b) Upon acceptance by a participating residency program, international medical graduates  
2.6 shall enter into an agreement with the commissioner to provide primary care for at least  
2.7 five years in a rural or underserved area of Minnesota after graduating from the residency  
2.8 program and make payments to the revolving international medical graduate residency  
2.9 account for five years beginning in their second year of postresidency employment.  
2.10 Participants shall pay \$15,000 or ten percent of their annual compensation each year,  
2.11 whichever is less.

2.12 (c) A revolving international medical graduate residency account is established as an  
2.13 account in the special revenue fund in the state treasury. The commissioner of management  
2.14 and budget shall credit to the account appropriations, payments, and transfers to the account.  
2.15 Earnings, such as interest, dividends, and any other earnings arising from fund assets, must  
2.16 be credited to the account. Funds in the account are appropriated annually to the  
2.17 commissioner to award grants and administer the grant program established in paragraph  
2.18 (a). Notwithstanding any law to the contrary, any funds deposited in the account do not  
2.19 expire. The commissioner may accept contributions to the account from private sector  
2.20 entities subject to the following provisions:

2.21 (1) the contributing entity may not specify the recipient or recipients of any grant issued  
2.22 under this subdivision;

2.23 (2) the commissioner shall make public the identity of any private contributor to the  
2.24 account, as well as the amount of the contribution provided; and

2.25 (3) a contributing entity may not specify that the recipient or recipients of any funds use  
2.26 specific products or services, nor may the contributing entity imply that a contribution is  
2.27 an endorsement of any specific product or service.