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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2628

03/08/2016 Authored by Dean, M.; Schomacker; Franson; Hamilton; Schultz and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
03/29/2016 Adoption of Report: Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to health; establishing the greater Minnesota family medicine residency
1.3 program; establishing a grant program; appropriating money; proposing coding
1.4 for new law in Minnesota Statutes, chapter 144.

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

1.6 Section 1. [144.1912] GREATER MINNESOTA FAMILY MEDICINE
1.7 RESIDENCY GRANT PROGRAM.

1.8 Subdivision 1. Definitions. (a) For purposes of this section, the following terms
1.9 have the meanings given.

1.10 (b) "Commissioner" means the commissioner of health.

1.11 (c) "Eligible family medicine residency program" means a program that meets the
1.12 following criteria:

1.13 (1) is located in Minnesota outside the seven-county metropolitan area, as defined in
1.14 section 473.121, subdivision 4;

1.15 (2) is accredited as a family medicine residency program or is a candidate for
1.16 accreditation;

1.17 (3) is focused on the education and training of family medicine physicians to serve
1.18 communities outside the metropolitan area; and

1.19 (4) demonstrates that over the most recent three years, at least 25 percent of its
1.20 graduates practice in Minnesota communities outside the metropolitan area.

1.21 Subd. 2. Program administration. (a) The commissioner shall award family
1.22 medicine residency grants to existing, eligible, not-for-profit family medicine residency
1.23 programs to support current and new residency positions. Funds shall be allocated first to
1.24 proposed new family medicine residency positions, and remaining funds shall be allocated

2.1 proportionally based on the number of existing residents in eligible programs. The
2.2 commissioner may fund a new residency position for up to three years.

2.3 (b) Grant funds awarded may only be spent to cover the costs of:

2.4 (1) establishing, maintaining, or expanding training for family medicine residents;

2.5 (2) recruitment, training, and retention of residents and faculty;

2.6 (3) travel and lodging for residents; and

2.7 (4) faculty, resident, and preceptor salaries.

2.8 (c) Grant funds shall not be used to supplant any other government or private funds
2.9 available for these purposes.

2.10 Subd. 3. **Applications.** Eligible family medicine residency programs seeking a
2.11 grant must apply to the commissioner. The application must include objectives, a related
2.12 work plan and budget, a description of the number of new and existing residency positions
2.13 that will be supported using grant funds, and additional information the commissioner
2.14 determines to be necessary. The commissioner shall determine whether applications are
2.15 complete and responsive and may require revisions or additional information before
2.16 awarding a grant.

2.17 Subd. 4. **Program oversight.** The commissioner may require and collect from
2.18 family medicine residency programs receiving grants any information necessary to
2.19 administer and evaluate the program.

2.20 Sec. 2. **GRANT PROGRAM; APPROPRIATION.**

2.21 \$1,000,000 is appropriated in fiscal year 2017 from the general fund to the
2.22 commissioner of health to award grants for the greater Minnesota family medicine
2.23 residency grant program. Base level funding for the 2018-2019 biennium shall be
2.24 \$1,000,000 each fiscal year.