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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 1511

03/13/2013 Authored by Clark, Norton and Loeffler

The bill was read for the first time and referred to the Committee on Jobs and Economic Development Finance and Policy

04/02/2013 Adoption of Report: Pass as Amended and re-referred to the Committee on Health and Human Services Finance

Pursuant to Joint Rule 2.03, re-referred to the Committee on Rules and Legislative Administration

1.1 A bill for an act
1.2 relating to health; directing medical education and research cost funding;
1.3 amending Minnesota Statutes 2012, section 62J.692, subdivision 4.

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

1.5 Section 1. Minnesota Statutes 2012, section 62J.692, subdivision 4, is amended to read:

1.6 Subd. 4. **Distribution of funds.** (a) The commissioner shall annually distribute the
1.7 available medical education funds to all qualifying applicants based on a distribution
1.8 formula that reflects a summation of two factors:

1.9 (1) a public program volume factor, which is determined by the total volume of
1.10 public program revenue received by each training site as a percentage of all public
1.11 program revenue received by all training sites in the fund pool; and

1.12 (2) a supplemental public program volume factor, which is determined by providing
1.13 a supplemental payment of 20 percent of each training site's grant to training sites whose
1.14 public program revenue accounted for at least 0.98 percent of the total public program
1.15 revenue received by all eligible training sites. Grants to training sites whose public
1.16 program revenue accounted for less than 0.98 percent of the total public program revenue
1.17 received by all eligible training sites shall be reduced by an amount equal to the total
1.18 value of the supplemental payment.

1.19 Public program revenue for the distribution formula includes revenue from medical
1.20 assistance, prepaid medical assistance, general assistance medical care, and prepaid
1.21 general assistance medical care. Training sites that receive no public program revenue
1.22 are ineligible for funds available under this subdivision. For purposes of determining
1.23 training-site level grants to be distributed under paragraph (a), total statewide average
1.24 costs per trainee for medical residents is based on audited clinical training costs per trainee

2.1 in primary care clinical medical education programs for medical residents. Total statewide
2.2 average costs per trainee for dental residents is based on audited clinical training costs
2.3 per trainee in clinical medical education programs for dental students. Total statewide
2.4 average costs per trainee for pharmacy residents is based on audited clinical training costs
2.5 per trainee in clinical medical education programs for pharmacy students. Training sites
2.6 whose training site level grant is less than \$1,000, based on the formula described in this
2.7 paragraph, are ineligible for funds available under this subdivision.

2.8 (b) \$150,000 of the available medical education funds shall be distributed to the
2.9 Academic Health Center for a program to assist internationally trained physicians, nurses,
2.10 dentists, and other allied health professionals who are legal residents and who commit
2.11 to serving underserved Minnesota communities in a health professional shortage area to
2.12 successfully compete for family medicine residency programs or training programs for
2.13 other health professionals at the University of Minnesota.

2.14 ~~(b)~~ (c) Funds distributed shall not be used to displace current funding appropriations
2.15 from federal or state sources.

2.16 ~~(e)~~ (d) Funds shall be distributed to the sponsoring institutions indicating the amount
2.17 to be distributed to each of the sponsor's clinical medical education programs based on
2.18 the criteria in this subdivision and in accordance with the commissioner's approval letter.
2.19 Each clinical medical education program must distribute funds allocated under paragraph
2.20 (a) to the training sites as specified in the commissioner's approval letter. Sponsoring
2.21 institutions, which are accredited through an organization recognized by the Department
2.22 of Education or the Centers for Medicare and Medicaid Services, may contract directly
2.23 with training sites to provide clinical training. To ensure the quality of clinical training,
2.24 those accredited sponsoring institutions must:

2.25 (1) develop contracts specifying the terms, expectations, and outcomes of the clinical
2.26 training conducted at sites; and

2.27 (2) take necessary action if the contract requirements are not met. Action may include
2.28 the withholding of payments under this section or the removal of students from the site.

2.29 ~~(d)~~ (e) Any funds not distributed in accordance with the commissioner's approval
2.30 letter must be returned to the medical education and research fund within 30 days of
2.31 receiving notice from the commissioner. The commissioner shall distribute returned funds
2.32 to the appropriate training sites in accordance with the commissioner's approval letter.

2.33 ~~(e)~~ (f) A maximum of \$150,000 of the funds dedicated to the commissioner
2.34 under section 297F.10, subdivision 1, clause (2), may be used by the commissioner for
2.35 administrative expenses associated with implementing this section.