

**SENATE**  
**STATE OF MINNESOTA**  
**EIGHTY-EIGHTH LEGISLATURE**

**S.F. No. 1550**

(SENATE AUTHORS: HAYDEN)

DATE	D-PG	OFFICIAL STATUS
04/04/2013	1678	Introduction and first reading Referred to Health, Human Services and Housing

1.1 A bill for an act  
 1.2 relating to health; directing medical education and research cost funding;  
 1.3 establishing a grant program for foreign-trained health care professionals;  
 1.4 appropriating money; amending Minnesota Statutes 2012, section 62J.692,  
 1.5 subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 144.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.1       Sec. 2. **[144.1503] FOREIGN-TRAINED HEALTH CARE PROFESSIONALS**  
3.2 **GRANT PROGRAM.**

3.3           (a) The commissioner must establish a grant program, modeled after the pilot  
3.4 program conducted under Laws 2006, chapter 282, article 11, section 2, subdivision  
3.5 12, to encourage state licensure of foreign-trained health care professionals, including  
3.6 physicians, nurses, dentists, pharmacists, and other allied health care professionals. The  
3.7 commissioner must collaborate with health-related licensing boards and Minnesota  
3.8 workforce centers to award grants to foreign-trained health care professionals sufficient to  
3.9 cover the actual costs of taking a course to prepare health care professionals for required  
3.10 licensing examinations and the fee for the state licensing examinations.

3.11           (b) When awarding grants, the commissioner must consider the following factors:

3.12           (1) whether the recipient's training involves a medical specialty that is in high  
3.13 demand in one or more communities in the state;

3.14           (2) whether the recipient commits to practicing in a designated rural area or an  
3.15 underserved urban community, as defined in section 144.1501;

3.16           (3) whether the recipient's language skills provide an opportunity for needed health  
3.17 care access for underserved Minnesotans; and

3.18           (4) any additional criteria established by the commissioner.

3.19           (c) The grant program must begin on July 1, 2013. On a biennial basis, beginning  
3.20 October 1, 2015, the commissioner must submit a report to the legislative committees with  
3.21 jurisdiction over employment and licensing of health care professionals. The report must  
3.22 include evaluation of the effectiveness of the program.

3.23       Sec. 3. **APPROPRIATION.**

3.24           \$450,000 is appropriated in fiscal year 2014 from the workforce development fund to  
3.25 the commissioner of health for the foreign-trained health care professionals grant program  
3.26 under Minnesota Statutes, section 144.1503. This appropriation is added to base funding.