MAINE STATE LEGISLATURE

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115th MAINE LEGISLATURE

FIRST REGULAR SESSION-1991

Legislative Document

No. 999

S.P. 374

Received by the Secretary, March 7, 1991

Referred to the Committee on Human Resources and 1400 ordered printed pursuant to Joint Rule 14.

JOY J. O'BRIEN Secretary of the Senate

Presented by Senator CLARK of Cumberland Cosponsored by Speaker MARTIN of Eagle Lake, Senator GILL of Cumberland and Representative RYDELL of Brunswick.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND NINETY-ONE

An Act to Establish the Maine Primary Care Residency Training Assistance Program.

Comme of the comment

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be it enacted	by the reopie of the	State of Maine	as ionows:
Sec. 1.	5 MRSA §12004-I, su	ıb-§29-A is e	nacted to read:
20 3	D		10 MPG1
29-A.	-	<u>Expenses</u>	10 MRSA
<u>Finance</u>	Residency Ad-	Only	<u>\$1100-x</u>
	visory Com-		
	<u>mittee</u>		
Sec. 2.	10 MRSA c. 110, sub	-c. X is enact	ted to read:
	<u>su</u> .	BCHAPTER X	
	MEDICAL TE	RAINING ASSIS	TANCE
\$1100-U. De	rfinitions		
SITOO-O. De	SE RIEF CROSES		
<u>As use</u>	d in this subcha	apter, unless	s the context otherwise
	the following term		
			. -
			<u>ry care physician" means</u>
the physici	<u>an a patient cont</u>	acts for con	<u>ntinuous general medical</u>
care.			
•	_		· \
			"Primary care residency
			ation program in family
			<u>internal medicine or</u>
			on Council for Graduate
<u>Medical Educ</u>	cation or the Amer	<u>ican Osteopat</u>	hic Association.
2 5		3 a a a a a l	
			s the supervised post
			ows medical school, the
	<u>or which qualifie</u> or eligibility in		
recessary IC	YE STERTOTITED IN	char berson s	2 Phectarch.
S1100-V- A-	uthorization; Main	e Primarv Car	ce Residency
	raining Assistance		and that the term has been the first
			•
<u>The</u> Fi	nance Authority o	of Maine sha	ll administer the Maine
			e Program. This program
			improve the quality of
			y care residents in this
			the authority and the
	imary care residen		
§1100-W. A	dministration	• · · · · · · · · · · · · · · · · · · ·	
• • • • • • • • • • • • • • • • • • • •			hority of Maine shall
			e residency program that
			Care Residency Training
			cate grants based upon a
formula ann	round by the suth	oritu rolato/	d to the total number of

	resident physicians in all 3 years of training programs and the
2	number of the first-year residents in training programs in
4	internal medicine, obstetrics and gynecology and pediatrics. The
4	contracts must provide terms and conditions as may be necessary to ensure that funds provided under this subchapter supplement
б	and not supplant funds currently available for such programs.
8	2. Rules. The authority shall adopt rules to implement
10	this subchapter, including rules providing for:
10	A. Allocation of funds as determined upon recommendation of
12	the Primary Care Residency Advisory Committee under section 1100-X;
14	
16	B. Prior consultation with the advisory committee on the annual budget for this program; and
18	C. A postaudit in a manner acceptable to the State Auditor of expenses related to funds received under this program.
20	
22	3. Disbursements. Pursuant to a contract the authority may disburse funds for the purpose of the graduate training of
34	physicians in approved primary practice residency training
24	programs.
26	4. Reports. Reports must be filed as follows.
28	A. Each primary care residency program shall file on a regular basis such reports as required by the authority
30	concerning its resident physician enrollment, communities
32	served, income and expenditures, new programs developed and such other information as the authority determines necessary
	in its administration of this subchapter.
34	B. The authority shall file biennially with the Legislature
36	a report of its expenditures under the Maine Primary Care Residency Training Assistance Program and a listing of those
38	primary care residency programs participating in the program.
40	§1100-X. Advisory committee
42	1. Established; membership. The Primary Care Residency
44	Advisory Committee as established by Title 5, section 12004-I, subsection 29-A, consists of the following 12 members:
	bubbeeton 23-m, constate of the following 12 members.
46	A. Five members appointed by the Governor from a list of
	nominees jointly developed and submitted to the Governor by
48	the major statewide association representing allopathic
/ F0	physicians, the major statewide association representing
50	osteopathic physicians and the major statewide association
52	of family practice physicians. Of these members, at least 2 must be directors of family residency programs:

2	B. One member appointed by the Governor from a list of
	nominees submitted to the Governor by the director of
4	medical education at a major teaching hospital in the
6	southern part of the State. This member must represent another primary care residency training program in the State
Ū	in the area of internal medicine, pediatrics or obstetrics
8	and gynecology;
10	C. One member jointly appointed by the President of the
	Senate and the Speaker of the House of Representatives from
12	a list submitted by a statewide association representing
- 4	hospitals. This member must be affiliated with a teaching
14	hospital;
16	D. Three members of the general public, one to be appointed
10	by the Governor, one by the President of the Senate and one
18	by the Speaker of the House of Representatives;
20	E. The Commissioner of Human Services or the commissioner's
	designee; and
22	
	F. The Chief Executive Officer of the Finance Authority of
24	<u>Maine.</u>
26	2. Terms of office. Each appointed member shall serve a
20	term of 3 years; except that, of those first appointed, 2 members
28	appointed under subsection 1, paragraph A and one member
	appointed under subsection 1, paragraph B shall serve for terms
30	of 2 years and 2 members appointed under subsection 1, paragraph
	A and one member appointed under subsection 1, paragraph B shall
32	serve for terms of one year.
2.4	3 Company tion Nambour out outitled to company tion
34	3. Compensation. Members are not entitled to compensation but are entitled to reimbursement for expenses pursuant to Title
36	5, chapter 379.
30	57 Chapter 575.
38	4. Chair. The members shall annually elect a chair who
	shall serve for a term of one year.
40	
	5. Meetings. The committee shall meet at least annually
42	and at other times as requested by the authority or as called to
	meeting by the chair.
44	C manager 12. 12. A. San Comban and the charles and the combant of
16	6. Responsibilities. The committee shall review for the
46	authority applications for approval and funding primary care residency training programs, make recommendations to the
48	authority regarding allocation of funds, draft quidelines
±0	regarding distribution of funds, make recommendations to the
50	authority relating to rules, standards and criteria for the
	approval and funding of residency training programs, review rules
52	and perform such other duties as may be directed by the authority.

2	Sec. 3. 22 MRSA $\S396$ -E, sub- $\S1$, \PC , as enacted by PL 1983, c 579, $\S10$, is amended to read:
4	C. Gifts Except as provided in paragraph I, gifts an
6	grants from federal, state and local governmental agencie shall-be <u>are</u> considered available resources.
8	Sec. 4. 22 MRSA §396-E, sub-§1, ¶I is enacted to read:
10	I. Disbursements made by the Finance Authority of Main pursuant to contracts between the authority and the
12	hospitals participating in the Maine Primary Care Residenc
14	Training Assistance Program may not be treated as available resources to be offset against the hospitals' financia requirements.
16	Sec. 5. Appropriation. The following funds are appropriated
18	from the General Fund to carry out the purposes of this Act.
20	1991-92 1992-93
22	FINANCE AUTHORITY OF MAINE
24	All Other \$2,000,000 \$2,000,000
26	Funds to be appropriated for allocation to primary care
28	residency training programs to ensure continued access to
30	primary medical care physicians.
32	
34	STATEMENT OF FACT
36	This bill addresses the problem of reduced access to basic medical care caused by the shortage of family physicians and
38	other primary care providers in many areas of the State. By supporting expansion and improvement of existing family practice
40	residency programs in Lewiston, Bangor, Augusta, Portland and Waterville, the bill enables these programs to continue to
42	provide training to primary care physicians after medical school.
44	The bill authorizes the Finance Authority of Maine to administer a program of grants to support the maintenance and
46	expansion of these programs which currently operate under the auspices of local hospitals. Grants will be awarded pursuant to
48	contracts between the Finance Authority of Maine and the various programs, under the terms of rules adopted according to criteria
50	programs, under the terms of rules adopted according to criteria

- An advisory committee is established to assist the authority in administering the program and establishing the criteria for the awarding of grants. An appropriation of \$2,000,000 for each year of the biennium is contained in the bill.
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