An act to amend Sections 128552 and 128553 of the Health and Safety Code, relating to physicians and surgeons.

LEGISLATIVE COUNSEL'S DIGEST

AB 565, as amended, Salas. California Physician Corps Program.
Existing law establishes the Steven M. Thompson Physician Corps Loan Repayment Program in the California Physician Corps Program within the Health Professions Education Foundation, which provides financial incentives, as specified, to a physician and surgeon for practicing in a medically underserved community. Existing law authorizes the Office of Statewide Health Planning and Development to adopt guidelines by regulation and requires the foundation to use guidelines for selection and placement of program applicants. These guidelines provide priority consideration to applicants who meet specified criteria, including that the applicant has 3 years of experience working in medically underserved areas or with medically underserved populations. The guidelines also must seek to place the most qualified applicants in the areas with the greatest need.

This bill would delete the requirement that the guidelines seek to place the most qualified applicants in the areas of greatest need. The bill would require the guidelines for the selection and placement of program applicants to include criteria that would give priority consideration to program applicants who have 3 years of experience providing health care services to medically underserved populations in
a federally designated health professional shortage area or medically underserved area, and to applicants who agree to practice in those areas and serve a medically underserved population.

Existing law defines “practice setting,” for these purposes, to include a community clinic, as defined, a clinic owned and operated by a public hospital and health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county’s role to serve its indigent population and that is located in a medically underserved area and has at least 50% of its patients from that population.

This bill would include a private practice that provides primary care located in a medically underserved area and has a minimum of 30% uninsured, Medi-Cal, or other publicly funded program that serves patients who earn less than 250% of the federal poverty level, within this definition of “practice setting.”


The people of the State of California do enact as follows:

SECTION 1. Section 128552 of the Health and Safety Code is amended to read:

For purposes of this article, the following definitions shall apply:

(a) “Account” means the Medically Underserved Account for Physicians established within the Health Professions Education Fund pursuant to this article.

(b) “Foundation” means the Health Professions Education Foundation.

(c) “Fund” means the Health Professions Education Fund.

(d) “Medi-Cal threshold languages” means primary languages spoken by limited-English-proficient (LEP) population groups meeting a numeric threshold of 3,000, eligible LEP Medi-Cal beneficiaries residing in a county, 1,000 Medi-Cal eligible LEP beneficiaries residing in a single ZIP Code, or 1,500 LEP Medi-Cal beneficiaries residing in two contiguous ZIP Codes.

(e) “Medically underserved area” means an area defined as a health professional shortage area in Part 5 of Subchapter A of Chapter 1 of Title 42 of the Code of Federal Regulations or an area of the state where unmet priority needs for physicians exist.
Section 1.

Sec. 2. Section 128553 of the Health and Safety Code is amended to read:

128553. (a) Program applicants shall possess a current valid license to practice medicine in this state issued pursuant to Section 2050 of the Business and Professions Code or pursuant to the Osteopathic Act.
(b) The foundation, in consultation with those identified in subdivision (b) of Section 123551, shall use guidelines developed by the Medical Board of California for selection and placement of applicants until the office adopts other guidelines by regulation. The foundation shall interpret the guidelines to apply to both osteopathic and allopathic physicians and surgeons.

(c) The guidelines shall meet all of the following criteria:

1. Provide priority consideration to applicants that are best suited to meet the cultural and linguistic needs and demands of patients from medically underserved populations and who meet one or more of the following criteria:
   
   (1) Speak a Medi-Cal threshold language.
   
   (2) Come from an economically disadvantaged background.
   
   (3) Have received significant training in cultural and linguistically appropriate service delivery.
   
   (4) Have three years of experience providing health care services to medically underserved populations in a federally designated health professional shortage area or medically underserved area.
   
   (E) Have recently obtained a license to practice medicine.

2. Include a process for determining the needs for physician services identified by the practice setting and for ensuring that the practice setting meets the definition specified in subdivision (h) of Section 128552.

3. Give preference to applicants who have completed a three-year residency in a primary specialty.

4. Give preference to applicants who agree to practice in a federally designated health professional shortage area or medically underserved area, and who agree to serve a medically underserved population.

5. Include a factor ensuring geographic distribution of placements.

6. Provide priority consideration to applicants who agree to practice in a geriatric care setting and are trained in geriatrics, and who can meet the cultural and linguistic needs and demands of a diverse population of older Californians. On and after January 1, 2009, up to 15 percent of the funds collected pursuant to Section 2436.5 of the Business and Professions Code shall be dedicated to loan assistance for physicians and surgeons who agree to practice.
in geriatric care settings or settings that primarily serve adults over
the age of 65 years or adults with disabilities.

(d) (1) The foundation may appoint a selection committee that
provides policy direction and guidance over the program and that
complies with the requirements of subdivision (f) of Section
128552.

(2) The selection committee may fill up to 20 percent of the
available positions with program applicants from specialties outside
of the primary care specialties.

(e) Program participants shall meet all of the following
requirements:

(1) Shall be working in or have a signed agreement with an
eligible practice setting.

(2) Shall have full-time status at the practice setting. Full-time
status shall be defined by the board and the selection committee
may establish exemptions from this requirement on a case-by-case
basis.

(3) Shall commit to a minimum of three years of service in a
medically underserved area. Leaves of absence shall be permitted
for serious illness, pregnancy, or other natural causes. The selection
committee shall develop the process for determining the maximum
permissible length of an absence and the process for reinstatement.
Loan repayment shall be deferred until the physician is back to
full-time status.

(f) The office shall adopt a process that applies if a physician
is unable to complete his or her three-year obligation.

(g) The foundation, in consultation with those identified in
subdivision (b) of Section 128551, shall develop a process for
outreach to potentially eligible applicants.

(h) The foundation may recommend to the office any other
standards of eligibility, placement, and termination appropriate to
achieve the aim of providing competent health care services in
approved practice settings.