

AMENDED IN ASSEMBLY APRIL 10, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 565

Introduced by Assembly Member Salas

February 20, 2013

An act to amend ~~Section 128553~~ *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.”

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

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

- 1 *SECTION 1. Section 128552 of the Health and Safety Code is*
- 2 *amended to read:*
- 3 128552. For purposes of this article, the following definitions
- 4 shall apply:
- 5 (a) “Account” means the Medically Underserved Account for
- 6 Physicians established within the Health Professions Education
- 7 Fund pursuant to this article.
- 8 (b) “Foundation” means the Health Professions Education
- 9 Foundation.
- 10 (c) “Fund” means the Health Professions Education Fund.
- 11 (d) “Medi-Cal threshold languages” means primary languages
- 12 spoken by limited-English-proficient (LEP) population groups
- 13 meeting a numeric threshold of 3,000, eligible LEP Medi-Cal
- 14 beneficiaries residing in a county, 1,000 Medi-Cal eligible LEP
- 15 beneficiaries residing in a single ZIP Code, or 1,500 LEP Medi-Cal
- 16 beneficiaries residing in two contiguous ZIP Codes.
- 17 (e) “Medically underserved area” means an area defined as a
- 18 health professional shortage area in Part 5 of Subchapter A of
- 19 Chapter 1 of Title 42 of the Code of Federal Regulations or an
- 20 area of the state where unmet priority needs for physicians exist

1 as determined by the California Healthcare Workforce Policy
2 Commission pursuant to Section 128225.

3 (f) “Medically underserved population” means the Medi-Cal
4 program, Healthy Families Program, and uninsured populations.

5 (g) “Office” means the Office of Statewide Health Planning and
6 Development (OSHPD).

7 (h) “Physician Volunteer Program” means the Physician
8 Volunteer Registry Program established by the Medical Board of
9 California.

10 (i) “Practice setting” means either of the following:

11 (1) A community clinic as defined in subdivision (a) of Section
12 1204 and subdivision (c) of Section 1206, a clinic owned or
13 operated by a public hospital and health system, ~~or~~ a clinic owned
14 and operated by a hospital that maintains the primary contract with
15 a county government to fulfill the county’s role pursuant to Section
16 17000 of the Welfare and Institutions Code, which is located in a
17 medically underserved area and at least 50 percent of whose
18 patients are from a medically underserved population, *or a private*
19 *practice that provides primary care located in a medically*
20 *underserved area and has a minimum of 30 percent uninsured,*
21 *Medi-Cal, or other publicly funded program that serves patients*
22 *who earn less than 250 percent of the federal poverty level.*

23 (2) A medical practice located in a medically underserved area
24 and at least 50 percent of whose patients are from a medically
25 underserved population.

26 (j) “Primary specialty” means family practice, internal medicine,
27 pediatrics, or obstetrics/gynecology.

28 (k) “Program” means the Steven M. Thompson Physician Corps
29 Loan Repayment Program.

30 (l) “Selection committee” means a minimum three-member
31 committee of the board, that includes a member that was appointed
32 by the Medical Board of California.

33 ~~SECTION 1.~~

34 *SEC. 2.* Section 128553 of the Health and Safety Code is
35 amended to read:

36 128553. (a) Program applicants shall possess a current valid
37 license to practice medicine in this state issued pursuant to Section
38 2050 of the Business and Professions Code or pursuant to the
39 Osteopathic Act.

1 (b) The foundation, in consultation with those identified in
2 subdivision (b) of Section 123551, shall use guidelines developed
3 by the Medical Board of California for selection and placement
4 of applicants until the office adopts other guidelines by regulation.
5 The foundation shall interpret the guidelines to apply to both
6 osteopathic and allopathic physicians and surgeons.

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

8 (1) Provide priority consideration to applicants that are best
9 suited to meet the cultural and linguistic needs and demands of
10 patients from medically underserved populations and who meet
11 one or more of the following criteria:

12 (A) Speak a Medi-Cal threshold language.

13 (B) Come from an economically disadvantaged background.

14 (C) Have received significant training in cultural and
15 linguistically appropriate service delivery.

16 (D) Have three years of experience providing health care
17 services to medically underserved populations in a federally
18 designated health professional shortage area or medically
19 underserved area.

20 (E) Have recently obtained a license to practice medicine.

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

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

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

31 (5) Include a factor ensuring geographic distribution of
32 placements.

33 (6) Provide priority consideration to applicants who agree to
34 practice in a geriatric care setting and are trained in geriatrics, and
35 who can meet the cultural and linguistic needs and demands of a
36 diverse population of older Californians. On and after January 1,
37 2009, up to 15 percent of the funds collected pursuant to Section
38 2436.5 of the Business and Professions Code shall be dedicated
39 to loan assistance for physicians and surgeons who agree to practice

1 in geriatric care settings or settings that primarily serve adults over
2 the age of 65 years or adults with disabilities.

3 (d) (1) The foundation may appoint a selection committee that
4 provides policy direction and guidance over the program and that
5 complies with the requirements of subdivision (l) of Section
6 128552.

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

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

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

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

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

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

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

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

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