

Chapter 70.112 RCW
FAMILY MEDICINE—EDUCATION AND RESIDENCY PROGRAMS

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Council for children and families: Chapter 43.121 RCW.

RCW 70.112.010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advisory board" means the family medicine education advisory board created in RCW 70.112.080.

(2) "Affiliated" means established or developed in cooperation with the schools of medicine.

(3) "Health professional shortage areas" has the same definition as in RCW 28B.115.020.

(4) "Residency programs" means community-based residency educational programs in family medicine, either in existence or established under this chapter and that are certified by the accreditation council for graduate medical education or by the American osteopathic association.

(5) "Schools of medicine" means the University of Washington school of medicine located in Seattle, Washington; the Pacific Northwest University of Health Sciences located in Yakima, Washington; the Washington State University college of medicine located in Spokane, Washington; and any other such medical schools that are accredited by the liaison committee on medical education or the American osteopathic association's commission on osteopathic college accreditation, and that locate their entire four-year medical program in Washington. [2018 c 93 § 1; 2015 c 252 § 3. Prior: 2010 1st sp.s. c 7 § 41; 1975 1st ex.s. c 108 § 1.]

Intent—2015 c 252: "It is the intent of the legislature to increase the number of family medicine physicians in shortage areas in the state by providing a fiscal incentive for hospitals and clinics to develop or expand residency programs in these areas. The legislature also intends to encourage family medicine residents to work in shortage areas by funding the health professional loan repayment and scholarship program." [2015 c 252 § 1.]

Effective date—2010 1st sp.s. c 26; 2010 1st sp.s. c 7: See note following RCW 43.03.027.

RCW 70.112.020 Education in family medicine—Department in school of medicine—Residency programs—Financial support. (1) There

is established a statewide medical education system for the purpose of training resident physicians in family medicine.

(2) The deans of the schools of medicine shall be responsible for implementing the development and expansion of residency programs in cooperation with the medical profession, hospitals, and clinics located throughout the state. The schools of medicine shall support development of high quality, accredited, affiliated residency programs, giving consideration to communities in the state where the population, hospital facilities, number of physicians, and interest in medical education indicate the potential success of the residency program and prioritizing support for health professional shortage areas in the state.

(3) The medical education system shall provide financial support for residents in training for those programs which are affiliated with the schools of medicine and shall establish positions for appropriate faculty to staff these programs.

(4) The schools of medicine shall coordinate with the office of student financial assistance to notify prospective family medicine students and residents of their eligibility for the health professional loan repayment and scholarship program under chapter 28B.115 RCW.

(5) The number of programs shall be determined by the board and be in keeping with the needs of the state. [2015 c 252 § 4; 2012 c 117 § 426; 2010 1st sp.s. c 7 § 42; 1975 1st ex.s. c 108 § 2.]

Intent—2015 c 252: See note following RCW 70.112.010.

Effective date—2010 1st sp.s. c 26; 2010 1st sp.s. c 7: See note following RCW 43.03.027.

RCW 70.112.060 Funding of residency programs. (1) The moneys appropriated for these statewide family medicine residency programs shall be in addition to all the income of the schools of medicine and shall not be used to supplant funds for other programs under the administration of the schools of medicine.

(2) The allocation of state funds for the residency programs shall not exceed fifty percent of the total cost of the program.

(3) No more than twenty-five percent of the appropriation for each fiscal year for the affiliated programs shall be authorized for expenditures made in support of the faculty and staff of the schools of medicine who are associated with the affiliated residency programs and are located at the schools of medicine.

(4) No funds for the purposes of this chapter shall be used to subsidize the cost of care incurred by patients.

(5) No more than ten percent of the state funds appropriated for the purposes of this chapter may be used for administrative or overhead costs to administer the statewide family medicine residency programs.

(6) The family medicine residency network at the University of Washington shall, in collaboration with the schools of medicine, administer the state funds appropriated for the purposes of this chapter. [2015 c 252 § 5; 1975 1st ex.s. c 108 § 6.]

Intent—2015 c 252: See note following RCW 70.112.010.

RCW 70.112.070 Report to the department of health—Report to the legislature. (1) Each family medicine residency program shall annually report the following information to the department of health:

(a) The location of the residency program and whether the program, or any portion of the program, is located in a health professional shortage area as defined in RCW 70.112.010;

(b) The number of residents in the program and the number who attended an in-state versus an out-of-state medical school; and

(c) The number of graduates of the residency program who work within health professional shortage areas.

(2) The department of health shall aggregate the information received under subsection (1) of this section and report it to the appropriate legislative committees of the house of representatives and the senate by November 1, 2016, and November 1st every even year thereafter. The report must also include information on how the geographic distribution of family residency programs changes over time and, if information on the number of residents in specialty areas is readily available, a comparison of the number of residents in family medicine versus specialty areas. [2015 c 252 § 2.]

Intent—2015 c 252: See note following RCW 70.112.010.

RCW 70.112.080 Family medicine education advisory board. (1) There is created a family medicine education advisory board, which must consist of the following twelve members:

(a) One member appointed by the dean of the school of medicine at the University of Washington school of medicine;

(b) One member appointed by the dean of the school of medicine at the Pacific Northwest University of Health Sciences;

(c) One member appointed by the dean of the college of medicine at Washington State University;

(d) Two citizen members, one from west of the crest of the Cascade mountains and one from east of the crest of the Cascade mountains, to be appointed by the governor;

(e) One member appointed by the Washington state medical association;

(f) One member appointed by the Washington osteopathic medical association;

(g) One member appointed by the Washington state academy of family physicians;

(h) One hospital administrator representing those Washington hospitals with family medicine residency programs, appointed by the Washington state hospital association;

(i) One director representing the directors of community-based family medicine residency programs, appointed by the family medicine residency network;

(j) One member of the house of representatives appointed by the speaker of the house; and

(k) One member of the senate appointed by the president of the senate.

(2) The three members of the advisory board appointed by the deans of the schools and colleges of medicine shall serve as chairs of the advisory board.

(3) The cochairs of the advisory board, appointed by the deans of the schools of medicine, shall serve as permanent members of the

advisory board without specified term limits. The deans of the schools of medicine have the authority to replace the chair representing their school. The deans of the schools of medicine shall appoint a new member in the event that the member representing their school vacates his or her position.

(4) Other members must be initially appointed as follows: Terms of the two public members must be two years; terms of the members appointed by the medical association and the hospital association must be three years; and the remaining members must be four years. Thereafter, terms for the nonpermanent members must be four years. Members may serve two consecutive terms. New appointments must be filled in the same manner as for original appointments. Vacancies must be filled for an unexpired term in the manner of the original appointment. [2018 c 93 § 2; 2015 c 252 § 6.]

Intent—2015 c 252: See note following RCW 70.112.010.

RCW 70.112.090 Advisory board—Duties. The advisory board shall consider and provide recommendations on the selection of the areas within the state where affiliate residency programs could exist, the allocation of funds appropriated under this chapter, and the procedures for review and evaluation of the residency programs. [2015 c 252 § 7.]

Intent—2015 c 252: See note following RCW 70.112.010.