

CHAPTER 108
MEDICAL RESIDENCY TRAINING STATE MATCHING GRANTS PROGRAM

641—108.1(135) Scope and purpose. The medical residency training state matching grants program is established to provide greater access to health care by increasing the number of practicing physicians in Iowa through the expansion of residency positions in Iowa. The department shall provide funding to sponsors of accredited graduate medical education residency programs for the establishment, expansion, or support of medical residency training programs that will increase the number of residents trained. Funding for the program may be provided through the health care workforce shortage fund, medical residency training account, and is specifically dedicated to the medical residency training state matching grants program as established in Iowa Code section 135.176. These rules shall be implemented only to the extent funding is available.

[ARC 1480C, IAB 6/11/14, effective 7/16/14]

641—108.2(135) Definitions. For the purposes of these rules, the following definitions shall apply:

“Accredited medical residency training program” means a graduate medical education program approved by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA).

“Department” means the Iowa department of public health.

“Director” means the director of the Iowa department of public health.

“Health professional shortage areas” means federal designations that are based on general health professional shortage area (HPSA) designation criteria, plus additional criteria and guidelines specific to each of the three types of designations from the Health Resources and Services Administration Federal Office of Shortage Designations. The three types of designations include primary care, dental and mental health.

“In excess of the federal residency cap” means a residency position for which no federal Medicare funding is available because the residency position is a position beyond the cap for residency positions established by the federal Balanced Budget Act of 1997, Pub. L. No. 105-33.

“New or alternative campus accredited medical residency training program” means a program that is accredited by a recognized entity approved for such purpose by the ACGME or the AOA with the exception that a new medical residency training program that, by reason of an insufficient period of operation is not eligible for accreditation on or before the date of submission of an application for a grant, may be deemed accredited if the ACGME or the AOA finds, after consultation with the appropriate accreditation entity, that there is reasonable assurance that the program will meet the accreditation standards of the entity prior to the date of graduation of the initial class in the program.

“Primary care” means care that shall include psychiatry, obstetrics, gynecology, family medicine, internal medicine, and emergency medicine.

“Sponsor” means a hospital, school, or consortium located in Iowa that sponsors and maintains primary organizational and financial responsibility for a graduate medical education residency program in Iowa and is accountable to the accrediting body.

[ARC 1480C, IAB 6/11/14, effective 7/16/14; ARC 5334C, IAB 12/16/20, effective 1/20/21]

641—108.3(135) Eligibility criteria. To be eligible for a matching grant, a sponsor shall satisfy the following requirements and qualifications:

108.3(1) A sponsor shall be financially and organizationally responsible for a residency training program that is accredited by the ACGME or by the AOA.

108.3(2) A sponsor shall demonstrate through documented financial information that funds have been budgeted and will be expended by the sponsor in the amount required to provide matching funds for each residency proposed in the request for state matching funds. A sponsor shall document this requirement by providing with its request a line-item budget showing sponsor funding amounts and state matching funds requested.

108.3(3) A sponsor shall demonstrate a need for such residency program in the state by providing with its request for state matching funds objective evidence of such need including:

- a. Workforce data, including state and federal workforce data and data from tracking databases;
- b. Population data, including community health needs assessments;
- c. Supply and demand data, including health professional shortage area designations; and
- d. Other related research including unique community- or state-level factors which establish a need for such residency program.

108.3(4) A sponsor shall submit with its request for state matching funds a recruitment and retention plan to encourage residents to enter practice in Iowa with a preference for health professional shortage areas and to demonstrate over time the impact on Iowa's workforce.

108.3(5) A sponsor shall offer persons to whom a primary care residency position is awarded the opportunity to participate in a rural rotation to expose the resident to the rural areas of the state.

[ARC 1480C, IAB 6/11/14, effective 7/16/14; ARC 2179C, IAB 9/30/15, effective 1/13/16; ARC 4830C, IAB 12/18/19, effective 1/22/20; ARC 5334C, IAB 12/16/20, effective 1/20/21]

641—108.4(135) Amount of grant.

108.4(1) The department shall award funds based upon the funds budgeted as demonstrated in the request, as identified in subrule 108.3(2).

108.4(2) The total amount of a grant awarded to a sponsor proposing the establishment of a new or alternative campus accredited medical residency training program shall be limited to no more than 100 percent of the amount of funds the sponsor has budgeted as demonstrated through a line-item budget for each residency sponsored for the purpose of the residency program.

The total amount of a grant awarded to a sponsor proposing the provision of a new residency position within an existing accredited medical residency or fellowship training program, or a sponsor funding residency positions which are in excess of the federal residency cap, shall be limited to no more than 25 percent of the amount of funds the sponsor has budgeted as demonstrated through a line-item budget for each residency position sponsored for the purpose of the residency program.

108.4(3) A sponsor shall receive funds based on budgeted expenses that include but are not limited to:

- a. Stipends and fringe benefits for residents and fellows;
- b. The portion of teaching physician salaries and fringe benefits associated with teaching and supervision of residents and fellows;
- c. Other direct costs that can be attributed to medical education (e.g., clerical salaries, telephone, office supplies).

108.4(4) An individual sponsor that establishes a new or alternative campus accredited medical residency training program shall not receive more than 50 percent of the state matching funds available each year to support the program. An individual sponsor proposing the provision of a new residency position within an existing accredited medical residency or fellowship training program, or a sponsor funding residency positions which are in excess of the federal residency cap, shall not receive more than 25 percent of the state matching funds available each year to support the program.

[ARC 1480C, IAB 6/11/14, effective 7/16/14; ARC 2179C, IAB 9/30/15, effective 1/13/16; ARC 4830C, IAB 12/18/19, effective 1/22/20]

641—108.5(135) Application and review process.

108.5(1) The department shall follow requirements for competitive selection contained in 641—Chapter 176 in awarding these funds.

108.5(2) The department shall establish a request for proposal process for sponsors eligible to receive funding. The request for proposal and review process and review criteria for preference in awarding the grants shall be described in the request for proposal, including preference in the residency specialty and preference for candidates who are residents of Iowa, attended and earned an undergraduate degree from an Iowa college or university, or attended and earned a medical degree from a medical school in Iowa. The residency specialty preference may be reflective of a subspecialty where particular demands for services have been demonstrated, of geographic areas of preference, or of other particular preferences that advance the objectives of the program.

108.5(3) Each request for proposal issued by the department will identify one or more of the following purposes for use of the funding:

- a.* The establishment of new or alternative campus accredited medical residency training programs;
- b.* The provision of new residency positions within existing accredited medical residency or fellowship training programs; or
- c.* The funding of residency positions which are in excess of the federal residency cap.

108.5(4) An applicant may appeal the denial of a properly submitted request for proposal. Appeals shall be governed by rule 641—176.8(135,17A).

[ARC 1480C, IAB 6/11/14, effective 7/16/14; ARC 4830C, IAB 12/18/19, effective 1/22/20]

These rules are intended to implement Iowa Code section 135.176.

[Filed ARC 1480C (Notice ARC 1392C, IAB 4/2/14), IAB 6/11/14, effective 7/16/14]

[Filed ARC 2179C (Notice ARC 2066C, IAB 7/22/15), IAB 9/30/15, effective 1/13/16]

[Filed ARC 4830C (Notice ARC 4671C, IAB 9/25/19), IAB 12/18/19, effective 1/22/20]

[Filed ARC 5334C (Notice ARC 5196C, IAB 9/23/20), IAB 12/16/20, effective 1/20/21]