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# VIRGINIA STATE BUDGET

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1998 Session

## Budget Bill - HB29 (Introduced)

Bill Order » Office of Education » Item 262

Medical College of Hampton Roads

### Item 262 (Not set out)

First Year - FY1997    Second Year - FY1998

<b>Financial Assistance for Educational and General Services (11000)</b>	<b>\$12,191,465</b>	<b>\$12,416,465</b>
Medical Education (11005)	\$12,191,465	\$12,416,465
Fund Sources:		
General	\$12,191,465	\$12,416,465

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Authority: Chapter 454, Acts of Assembly of 1991.

A. State aid for educational and general activities of the medical school under the aegis of the Medical College of Hampton Roads is provided in the amount of \$10,220,302 the first year and \$10,445,302 the second year from the general fund. Funding is provided on the basis of an average enrollment of 270 in-state students. As long as the actual enrollment includes not less than 257 in-state students the full appropriation will be provided to the Medical College. Actual enrollment below 257 in-state students shall result in a per capita reduction in the appropriation for each in-state student or vacancy below 257 in-state students. Funding is provided based on support of \$38,686 per in-state student the first year and \$38,686 the second year. The College shall submit, to the Department of Planning and Budget on September 30 of each year, a report on in-state enrollment.

B. This appropriation includes a state grant in an amount not to exceed \$1,098,663 the first year, and \$1,098,663 the second year from the general fund for the operation of the Family Practice Residency program and Family Practice Medical Student programs. General Internal Medicine and General Pediatrics Residency Programs and related undergraduate medical student programs are considered low-revenue producing because of their location in underserved and rural locations. Consistent with the recommendation of the Council on Graduate Medical Education, Family Practice residencies shall represent 50 percent of the low-revenue residencies and general internal medicine and general pediatrics shall represent 50 percent. Further, it is the intent of the General Assembly that Medicare, Medicaid, and Indigent Care funding, in combination with other revenues, should ultimately fund 75 percent of these programs. This objective should be implemented over a six-year period.

C.1. This appropriation includes \$772,500 from the general fund the first year and \$772,500 from the general fund the second year for the "generalist initiative" to increase the number of medical school graduates entering generalist medical fields. At least \$802,633 in nongeneral funds the first year and \$802,633 in nongeneral funds the second year will be provided from matching grants to support the "generalist initiative". Of the appropriations from the general fund, \$300,000 the first year and \$300,000 the second year are contingent upon the receipt of matching grants of like amounts.

2. The amounts appropriated shall be used for recruitment and admissions, curriculum enhancement and graduate medical education.

3. It is the intent of the General Assembly that the goals of the Virginia Generalist Initiative shall be as follows:

a. By the year 2000, at least 50 percent of Virginia medical school graduates shall enter generalist practice;

b. By the year 2000, at least 50 percent of Virginia medical school graduates entering generalist practice shall enter practice in Virginia upon completion of residency training;

c. Output of Virginia graduate medical education programs will be consistent with the 50 percent goal;

d. Virginia academic health centers, in cooperation with Virginia's "Practice Sights Initiative," will actively contribute to strategies for eliminating generalist physician shortages in medically underserved areas of Virginia.

4. Further, it is the intent of the General Assembly that:

a. Generalist initiative recruitment and admissions programs shall be designed to increase the number of Virginia medical students with an interest in generalist medicine from medically underserved areas of the Commonwealth; and

b. Generalist initiative education programs shall be designed to increase educational experiences in community settings in general, and in medically underserved communities in particular, for both medical students and generalists.

D. It is the intent of the General Assembly that the current funding guidelines for first-professional medical students be modified over four years to provide an additional incentive for the three medical schools to increase the production of generalist medical practitioners to equal 50 percent of each graduating class. The new guidelines shall be based upon the cost per graduate rather than annual full-time equivalent students and shall reflect a weight of 130 percent for each graduate selecting a residency in family practice, general internal medicine, or general pediatrics; and a weight of 80 percent for all other graduates. The graduates shall be phased in over four years beginning with the entering class of 1995.

E. This appropriation includes \$100,000 the first year and \$100,000 the second year from the general fund for a Dementia Center.

F. This appropriation includes \$200,000 the first year and \$200,000 the second year from the general fund to support the Eastern Virginia Area Health Education Center.

G. This appropriation provides state aid for treatment, care and maintenance of indigent Virginia patients in hospital and other programs affiliated with educational programs of the College; the aid is to be apportioned on the basis of a plan having the prior written approval of the Director, Department of Planning and Budget.

H. The Medical College will account for financial activities based on generally accepted accounting principles for the health care industry and will report expenditures for indigent, medically indigent, and other patients. The Medical College shall report by October 31 annually to the Department of Planning and Budget on expenditures related to this item.

I. It is the intent of the General Assembly to assist the three Virginia medical schools as they respond to changes in the need for delivery and financing of medical education, both undergraduate and graduate. The University of Virginia, Virginia Commonwealth University, and the Medical College of Hampton Roads shall present a report to the Council of Higher Education and the Secretary of Education by October 1, 1996, that describes the costs of medical education and current revenues from all sources to meet these costs, and that documents the actual and projected loss of revenues from sources other than the general fund. By November 15, 1997, the Council and the Secretary shall recommend to the Governor and the General Assembly a funding methodology for medical education, including the generalist initiative.