1	State of Arkansas As Engrossed: H2/10/25	
2	95th General Assembly A Bill	
3	Regular Session, 2025 HOUSE BIL	L 1384
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5	By: Representative L. Johnson	
6	By: Senator J. Dismang	
7		
8	For An Act To Be Entitled	
9	AN ACT TO AMEND THE LAW CONCERNING THE GRADUATE	
10	MEDICAL EDUCATION RESIDENCY EXPANSION BOARD; TO	
11	DECLARE AN EMERGENCY; AND FOR OTHER PURPOSES.	
12		
13		
14	Subtitle	
15	TO AMEND THE LAW CONCERNING THE GRADUATE	
16	MEDICAL EDUCATION RESIDENCY EXPANSION	
17	BOARD; AND TO DECLARE AN EMERGENCY.	
18		
19	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:	
20		
21	SECTION 1. Arkansas Code §§ 6-82-2002 through 6-82-2005 are amend	ed to
22	read as follows:	
23	6-82-2002. Planning <u>Implementation</u> grants — Definition.	
24	(a) As used in this subchapter, a "planning grant" is a grant awa	rded
25	by the Graduate Medical Education Residency Expansion Board to eligible	
26	entities and individuals under this subchapter.	
27	(b) The board Graduate Medical Education Residency Expansion Boar	<u>d</u>
28	shall:	
29	(1) Allocate funds appropriated for purposes of this subcha	pter;
30	(2) Award a one-time planning <u>implementation</u> grant under th	is
31	section to an <u>in-state based</u> entity in this state that:	
32	(A) Is in the process of creating a <u>new</u> graduate medi	cal
33	education program; or	
34	(B) Is expanding an existing graduate medical educati	on
35	program;	
36	(3) Award planning <u>implementation</u> grants on a competitive b	asis



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1	according to the criteria adopted by the board under its rules <u>to include</u>
2	without limitation consideration of the following:
3	(A) Development of a new or expanded program with a
4	specialty defined in the rules;
5	(B) Increasing positions for medical specialties having a
6	shortage within the state; and
7	(C) Increasing graduate medical education positions in
8	medically underserved areas in the state; and
9	(4) Determine the number of planning implementation grants
10	awarded and the amount of each planning <u>implementation</u> grant; and
11	(5) Determine the annual amount of grant award and the total
12	amount of grant award to be provided over the implementation period of the
13	new or expanding program.
14	(c)(l) An application for a planning grant under this section shall be
15	submitted by an entity to the board no later than July 15 of the year
16	preceding the year for which the planning grant will be used.
17	(2) The board shall award a planning grant to an eligible entity
18	under this section no later than August 15 of the year in which the eligible
19	entity's application was submitted.
20	(d) An entity that is awarded a planning grant under this section and
21	establishes additional first-year residency positions after the receipt of a
22	planning grant is eligible for additional funds for each position
23	established.
24	
25	6-82-2003. Planning Implementation grants for program expansion or new
26	programs.
27	(a) The Graduate Medical Education Residency Expansion Board shall
28	award planning <u>implementation</u> grants to enable entities with existing
29	graduate medical education programs to:
30	(1) Increase the number of first-year residency or fellowship
31	positions in existing graduate medical education programs; and
32	(2) Provide for the establishment of new graduate medical
33	education programs with first-year residency positions.
34	(b) The board shall determine the number of planning grants awarded
35	under this section and the amount of each planning grant awarded under this
36	section.

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1	(c) A planning <u>An implementation</u> grant under this section shall be
2	used to support the direct resident <u>start-up</u> costs to the graduate medical
3	education program, including without limitation stipends and benefits at the
4	board's discretion.
5	(d)<u>(</u>c) An entity applying for a planning <u>an implementation</u> grant under
6	this section shall :
7	(1) Include submit a plan for receiving accreditation for the
8	increased number of residency positions or for the new graduate medical
9	education program, as applicable, that shall include without limitation:
10	(1) A timeline;
11	(2) A budget;
12	(3) A proposed program;
13	(4) The number of existing slots within a proposed program
14	expansion;
15	(5) Letters of support from both the sponsoring institution and
16	<u>clinical site;</u>
17	(6) The number of current residency slots available; and
18	(7) The number of new residency slots that will be established
19	in a new program.; and
20	(2) Be submitted to the board no later than October 1 preceding
21	the academic year for which the planning grant is made.
22	(e)<u>(</u>d) The board shall :
23	(1) Award a planning grant award an implementation grant under
24	this section no later than January 1 of the year in which the planning grant
25	will be used in the fourth calendar quarter on an annual basis as funding is
26	available; and
27	(2) Distribute a planning grant amount for a residency position
28	under this section only upon receiving verification that the applicable
29	residency position has been filled.
30	(f)(l)(e) A planning <u>An implementation</u> grant awarded under this
31	section shall be in effect for no more than three (3) consecutive fiscal
32	years <u>the number of years of the program plus two (2) years for</u>
33	implementation and accreditation before enrolling a resident or fellow.
34	(2) For each first-year residency position for which an entity
35	with a graduate medical education program receives an initial planning grant
36	under this section, the board shall award the entity with the graduate

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1	medical education program an equal planning grant amount for the following
2	fiscal year, not to exceed three (3) fiscal years.
3	(f) An entity awarded an implementation grant under this section shall
4	provide a progress report to the board before the distribution of grant funds
5	for the following year.
6	
7	6-82-2004. Priority of planning <u>implementation</u> grants — Adjustment of
8	amounts.
9	(a) If the Graduate Medical Education Residency Expansion Board
10	determines that the number of first-year residency positions proposed by
11	eligible applicants under § $6-82-2003$ exceeds the amount of funding
12	appropriated for the planning implementation grants under this subchapter,
13	the board:
14	(1) May give priority for up to fifty percent (50%) of the
15	funded first-year residency positions implementation grant awards to be in:
16	(A) Primary care; or
17	(B) A field in which this state has less than eighty
18	percent (80%) of the national average of physicians per one hundred thousand
19	(100,000) people, as determined by the board based on the Association of
20	American Medical Colleges State Physician Workforce Data Report <u>there is a</u>
21	shortage in the state as determined by the board; or
22	(C) A new program or a program expansion that:
23	(i) Has the earliest start date; or
24	(ii) Will expand the cap of an Arkansas hospital;
25	and
26	(2) Shall not reduce planning grant amounts awarded for each
27	resident position, but may proportionately reduce the number of positions
28	funded for each graduate medical education program.
29	(b) If the board determines that, based on the applications it has
30	received for planning grants under § 6-82-2003, the entire appropriation for
31	planning grants under this subchapter shall not be awarded for a particular
32	year, the board may transfer and use the funds appropriated to award planning
33	grants under § 6-82-2002.
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35	6-82-2005. Planning grants for additional years of residency.
36	(a) If the Graduate Medical Education Residency Expansion Board

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1	determines that funds appropriated under this subchapter are available after
2	all eligible planning grant applications under §§ 6-82-2002 and 6-82-2003
3	have been funded, the board shall award planning grants from excess funds to
4	support medical residents who:
5	(1) Have completed at least three (3) years of residency; and
6	(2) Are enrolled in a residency program in a field in which this
7	state has less than eighty percent (80%) of the national average of
8	physicians per one hundred thousand (100,000) people, as determined by the
9	board.
10	(b) The board shall determine the following with respect to planning
11	grants under this section:
12	(1) The amount of a planning grant awarded under this section;
13	(2) The number of planning grants awarded under this section;
14	and
15	(3) The residency fields in which recipients of planning grants
16	under this section work.
17	(c) A planning grant under this section shall be used to support the
18	direct resident costs to the graduate medical education program, including
19	without limitation stipends and benefits.
20	(d) The board shall distribute a planning grant amount for a residency
21	position under this section only upon receiving verification that the
22	applicable residency position has been filled.
23	
24	SECTION 2. Arkansas Code Title 6, Chapter 82, Subchapter 20, is
25	amended to add an additional section to read as follows:
26	<u>6-82-2006.</u> Definitions.
27	As used in this subchapter:
28	(1) "Accreditation Council for Graduate Medical Education" means
29	the private, not-for-profit organization that oversees the accreditation of
30	residency and fellowship programs for physicians in the United States;
31	(2) "Entity" means an:
32	(A) Arkansas hospital or medical facility that seeks to
33	provide medical residency opportunities; and
34	(B) Accreditation Council for Graduate Medical Education
35	sponsoring institution;
36	(3) "First-year residency position" means a position during the

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1	first year of residency occurring after medical school graduation;
2	(4) "Fiscal year" means the fiscal year of the state for the
3	conduct of its financial affairs commencing on July 1 and ending on June 30 of
4	the following year;
5	(5) "Graduate medical education program" means the period of
6	education in a particular specialty or residency or subspecialty or
7	fellowship following medical school;
8	(6) "Implementation grant" means a grant awarded by the Graduate
9	Medical Education Residency Expansion Board to eligible entities and
10	individuals under this subchapter;
11	(7)(A) "Implementation period" means the amount of time in years
12	to establish a new program or expanded slots for a program.
13	(B) "Implementation period" includes the number of years
14	required for a resident or fellow to complete the program plus up to two (2)
15	years of start-up costs before enrolling the first resident or fellow.
16	(8)(A) "Primary care" includes without limitation the following:
17	(i) Internal medicine;
18	<u>(ii)</u> Pediatrics;
19	(iii) Family medicine;
20	(iv) Obstetrics and gynecology;
21	(v) General Surgery; and
22	<u>(vi) Psychiatry.</u>
23	(B) "Primary care" also includes without limitation the
24	transitional year;
25	(9) "Resident" means an individual enrolled in an Accreditation
26	Council for Graduate Medical Education-accredited residency program;
27	(10)(A) "Residency program" means a structured educational
28	activity comprising a series of clinical or other learning experiences in
29	graduate medical education designed to prepare a physician to enter the
30	unsupervised practice of medicine in a primary specialty.
31	(B) "Residency program" includes a program available for
32	physician admission:
33	(i) Immediately upon graduation from a medical
34	school or a college of osteopathic medicine as described in the institutional
35	requirements of the Accreditation Council for Graduate Medical Education; and
36	(ii) After completion of prerequisite clinical

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1	education and training as described in the relevant specialty-specific
2	program requirements;
3	(11) "Specialty" means a field of medical practice that focuses
4	on a specific set of patient care skills;
5	(12) "Sponsoring institution" means an entity that oversees,
6	supports, and administers one (1) or more Accreditation Council for Graduate
7	Medical Education-accredited residency or fellowship programs; and
8	(13) "Start-up costs" means a cost associated with program
9	planning, Accreditation Council for Graduate Medical Education application
10	preparation and submission, and other preliminary activities before a
11	resident is present in the program.
12	
13	SECTION 3. EMERGENCY CLAUSE. It is found and determined by the
14	General Assembly of the State of Arkansas that there is a great need for
15	medical professionals throughout the state to serve residents; that summer
16	deadlines are quickly approaching for programs that train new medical
17	professionals and funding needs to be distributed as soon as possible to
18	prepare these programs to begin training in the fall; and that this act is
19	immediately necessary because having trained medical professionals to fill
20	worker shortages throughout the state is vital to ensuring the health and
21	safety of Arkansans. Therefore, an emergency is declared to exist, and this
22	act being immediately necessary for the preservation of the public peace,
23	health, and safety shall become effective on:
24	(1) The date of its approval by the Governor;
25	(2) If the bill is neither approved nor vetoed by the Governor,
26	the expiration of the period of time during which the Governor may veto the
27	bill; or
28	(3) If the bill is vetoed by the Governor and the veto is
29	overridden, the date the last house overrides the veto.
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31	/s/L. Johnson
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