§ 2807-m. Distribution of the professional education pools. 1. Definitions. For purposes of this section, the following definitions shall apply, unless the context clearly requires otherwise:

(a) "Clinical research" means patient-oriented research, epidemiologic and behavioral studies, or outcomes research and health services research that is approved by an institutional review board by the time the clinical research position is filled.

(b) "Clinical research plan" means a plan submitted by a consortium or teaching general hospital for a clinical research position which demonstrates, in a form to be provided by the commissioner, the following:

(i) financial support for overhead, supervision, equipment and other resources equal to the amount of funding provided pursuant to subparagraph (i) of paragraph (b) of subdivision five-a of this section by the teaching general hospital or consortium for the clinical research position;

(ii) experience the sponsor-mentor and teaching general hospital has in clinical research and the medical field of the study;

(iii) methods, data collection and anticipated measurable outcomes of the clinical research to be performed;

(iv) training goals, objectives and experience the researcher will be provided to assess a future career in clinical research;

(v) scientific relevance, merit and health implications of the research to be performed;

(vi) information on potential scientific meetings and peer review journals where research results can be disseminated;

(vii) clear and comprehensive details on the clinical research position;

(viii) qualifications necessary for the clinical research position and strategy for recruitment;

(ix) non-duplication with other clinical research positions from the same teaching general hospital or consortium;

(x) methods to track the career of the clinical researcher once the term of the position is complete; and

(xi) any other information required by the commissioner to implement subparagraph (i) of paragraph (b) of subdivision five-a of this section.

(xii) The clinical review plan submitted in accordance with this

paragraph may be reviewed by the commissioner in consultation with experts outside the department of health.

(c) "Clinical research position" means a post-graduate residency position which:

(i) shall not be required in order for the researcher to complete a graduate medical education program;

(ii) may be reimbursed by other sources but only for costs in excess of the funding distributed in accordance with subparagraph (i) of paragraph (b) of subdivision five-a of this section;

(iii) shall exceed the minimum standards that are required by the residency review committee in the specialty the researcher has trained or is currently training;

(iv) shall not be previously funded by the teaching general hospital or supported by another funding source at the teaching general hospital in the past three years from the date the clinical research plan is submitted to the commissioner;

(v) may supplement an existing research project;

(vi) shall be equivalent to a full-time position comprising of no less than thirty-five hours per week for one or two years;

(vii) shall provide, or be filled by a researcher who has formalized instruction in clinical research, including biostatistics, clinical trial design, grant writing and research ethics;

(viii) shall be supervised by a sponsor-mentor who shall either (A) be employed, contracted for employment or paid through an affiliated faculty practice plan by a teaching general hospital which has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; (B) maintain a faculty appointment at a medical, dental or podiatric school located in New York state that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; or (C) be collaborating in the clinical research plan with a researcher from another institution that has received at least one research grant from the National Institutes of Health in the past five years from the date the clinical research plan is submitted to the commissioner; and

(ix) shall be filled by a researcher who is (A) enrolled or has

completed a graduate medical education program, as defined in paragraph (i) of this subdivision; (B) a United States citizen, national, or permanent resident of the United States; and (C) a graduate of a medical, dental or podiatric school located in New York state, a graduate or resident in a graduate medical education program, as defined in paragraph (i) of this subdivision, where the sponsoring institution, as defined in paragraph (q) of this subdivision, is located in New York state, or resides in New York state at the time the clinical research plan is submitted to the commissioner.

(d) "Consortium" means an organization or association, approved by the commissioner in consultation with the council, of general hospitals which provide graduate medical education, together with any affiliated site; provided that such organization or association may also include other providers of health care services, medical schools, payors or consumers, and which meet other criteria pursuant to subdivision six of this section.

(e) "Council" means the New York state council on graduate medical education.

(f) "Direct medical education" means the direct costs of residents, interns and supervising physicians.

(g) "Distribution period" means each calendar year set forth in subdivision two of this section.

(h) "Faculty" means persons who are employed by or under contract for employment with a teaching general hospital or are paid through a teaching general hospital's affiliated faculty practice plan and maintain a faculty appointment at a medical school. Such persons shall not be limited to persons with a degree in medicine.

(i) "Graduate medical education program" means a post-graduate medical education residency in the United States which has received accreditation from a nationally recognized accreditation body or has been approved by a nationally recognized organization for medical, osteopathic, podiatric or dental residency programs including, but not limited to, specialty boards.

(j) "Indirect medical education" means the estimate of costs, other than direct costs, of educational activities in teaching hospitals as determined in accordance with the methodology applicable for purposes of determining an estimate of indirect medical education costs for

reimbursement for inpatient hospital service pursuant to title XVIII of the federal social security act (medicare).

(k) "Medicare" means the methodology used for purposes of reimbursing inpatient hospital services provided to beneficiaries of title XVIII of the federal social security act.

(l) "Primary care" residents specialties shall include family medicine, general pediatrics, primary care internal medicine, and primary care obstetrics and gynecology. In determining whether a residency is in primary care, the commissioner shall consult with the council.

(m) "Regions", for purposes of this section, shall mean the regions as defined in paragraph (b) of subdivision sixteen of section twenty-eight hundred seven-c of this article as in effect on June thirtieth, nineteen hundred ninety-six. For purposes of distributions pursuant to subdivision five-a of this section, except distributions made in accordance with paragraph (a) of subdivision five-a of this section, "regions" shall be defined as New York city and the rest of the state.

(n) "Regional pool" means a professional education pool established on a regional basis by the commissioner from funds available pursuant to sections twenty-eight hundred seven-s and twenty-eight hundred seven-t of this article.

(o) "Resident" means a person in a graduate medical education program which has received accreditation from a nationally recognized accreditation body or in a program approved by any other nationally recognized organization for medical, osteopathic or dental residency programs including, but not limited to, specialty boards.

(p) "Shortage specialty" means a specialty determined by the commissioner, in consultation with the council, to be in short supply in the state of New York.

(q) "Sponsoring institution" means the entity that has the overall responsibility for a program of graduate medical education. Such institutions shall include teaching general hospitals, medical schools, consortia and diagnostic and treatment centers.

(r) "Weighted resident count" means a teaching general hospital's total number of residents as of July first, nineteen hundred ninety-five, including residents in affiliated non-hospital ambulatory settings, reported to the commissioner. Such resident counts shall

reflect the weights established in accordance with rules and regulations adopted by the state hospital review and planning council and approved by the commissioner for purposes of implementing subdivision twenty-five of section twenty-eight hundred seven-c of this article and in effect on July first, nineteen hundred ninety-five. Such weights shall not be applied to specialty hospitals, specified by the commissioner, whose primary care mission is to engage in research, training and clinical care in specialty eye and ear, special surgery, orthopedic, joint disease, cancer, chronic care or rehabilitative services.

(s) "Adjustment amount" means an amount determined for each teaching hospital for periods prior to January first, two thousand nine by:

(i) determining the difference between (A) a calculation of what each teaching general hospital would have been paid if payments made pursuant to paragraph (a-3) of subdivision one of section twenty-eight hundred seven-c of this article between January first, nineteen hundred ninety-six and December thirty-first, two thousand three were based solely on the case mix of persons eligible for medical assistance under the medical assistance program pursuant to title eleven of article five of the social services law who are enrolled in health maintenance organizations and persons paid for under the family health plus program enrolled in approved organizations pursuant to title eleven-D of article five of the social services law during those years, and (B) the actual payments to each such hospital pursuant to paragraph (a-3) of subdivision one of section twenty-eight hundred seven-c of this article between January first, nineteen hundred ninety-six and December thirty-first, two thousand three.

(ii) reducing proportionally each of the amounts determined in subparagraph (i) of this paragraph so that the sum of all such amounts totals no more than one hundred million dollars;

(iii) further reducing each of the amounts determined in subparagraph (ii) of this paragraph by the amount received by each hospital as a distribution from funds designated in paragraph (a) of subdivision five of this section attributable to the period January first, two thousand three through December thirty-first, two thousand three, except that if such amount was provided to a consortium then the amount of the reduction for each hospital in the consortium shall be determined by applying the proportion of each hospital's amount determined under

subparagraph (i) of this paragraph to the total of such amounts of all hospitals in such consortium to the consortium award;

(iv) further reducing each of the amounts determined in subparagraph (iii) of this paragraph by the amounts specified in paragraph (t) of this subdivision; and

(v) dividing each of the amounts determined in subparagraph (iii) of this paragraph by seven.

(t) "Extra reduction amount" shall mean an amount determined for a teaching hospital for which an adjustment amount is calculated pursuant to paragraph (s) of this subdivision that is the hospital's proportionate share of the sum of the amounts specified in paragraph (u) of this subdivision determined based upon a comparison of the hospital's remaining liability calculated pursuant to paragraph (s) of this subdivision to the sum of all such hospital's remaining liabilities.

(u) "Allotment amount" shall mean an amount determined for teaching hospitals as follows:

(i) for a hospital for which an adjustment amount pursuant to paragraph (s) of this subdivision does not apply, the amount received by the hospital pursuant to paragraph (a) of subdivision five of this section attributable to the period January first, two thousand three through December thirty-first, two thousand three, or

(ii) for a hospital for which an adjustment amount pursuant to paragraph (s) of this subdivision applies and which received a distribution pursuant to paragraph (a) of subdivision five of this section attributable to the period January first, two thousand three through December thirty-first, two thousand three that is greater than the hospital's adjustment amount, the difference between the distribution amount and the adjustment amount.

2. Regional pools. (a) The commissioner shall establish regional pools for each of the periods January first, nineteen hundred ninety-seven through December thirty-first, nineteen hundred ninety-seven, January first, nineteen hundred ninety-eight through December thirty-first, nineteen hundred ninety-eight, and January first, nineteen hundred ninety-nine through December thirty-first, nineteen hundred ninety-nine and on and after January first, two thousand from funds available pursuant to sections twenty-eight hundred seven-s and twenty-eight

hundred seven-t of this article.

(b) For periods prior to January first, two thousand nine, each regional pool shall be distributed on a monthly basis to teaching general hospitals for costs associated with graduate medical education provided by such teaching general hospitals in accordance with the distribution methodology set forth in subdivision three of this section; provided however, teaching general hospitals with a resident count of zero as of July first of the year preceding the distribution period shall not be eligible for distributions pursuant to this section. General hospitals may elect to have their distribution paid through the consortium.

3. Regional pool distributions. (a) Distributions to teaching general hospitals shall be made from the regional pools described in subdivision two of this section for each period prior to January first, two thousand nine, less amounts set aside pursuant to subdivision five of this section. To be eligible to participate in distributions pursuant to this section, a teaching general hospital and consortium must be in compliance with graduate medical education reporting requirements set forth in subdivision four of this section.

(b) For periods prior to January first, two thousand nine, each teaching general hospital in a region shall have a proxy calculated for its graduate medical education costs as follows:

(i) The direct medical education portion of the proxy shall be the product of: the teaching general hospital's medicare direct medical education payment amount per resident for federal fiscal year nineteen hundred ninety-five--ninety-six and the teaching general hospital's weighted resident count as of July first, nineteen hundred ninety-five and the teaching general hospital's inpatient percentage of total costs and percentage of inpatient days, excluding medicare days, patient days eligible for payments by governmental agencies, the comprehensive motor vehicle insurance reparations act, workers' compensation law, volunteer firefighters' benefit law, volunteer ambulance workers' benefit law and self-pay patient days, to total days as such costs and days are reported in the institutional cost report for periods ending March thirty-first, nineteen hundred ninety-five, June thirtieth, nineteen hundred ninety-five or December thirty-first, nineteen hundred ninety-five,

whichever is applicable. The teaching general hospital's medicare direct medical education payment amount for purposes of this calculation shall not exceed one hundred fifty percent of the regional average per resident amount for the region in which the teaching general hospital is located.

(ii) The indirect medical education portion of the proxy for a teaching general hospital shall be calculated using the medicare resident per bed formula in existence on June thirtieth, nineteen hundred ninety-six, except the teaching general hospital's weighted resident count as of July first, nineteen hundred ninety-five and number of certified acute care beds as of January first, nineteen hundred ninety-five shall be used in the application of the formula. The formula result shall be applied to the teaching general hospital's applicable case mix neutral and wage adjusted medicare standardized rate amount for federal fiscal year nineteen hundred ninety-five--ninety-six. The result of this application shall be multiplied by the teaching general hospital's total number of discharges as reported in the institutional cost report for periods ending March thirty-first, nineteen hundred ninety-five, June thirtieth, nineteen hundred ninety-five or December thirty-first, nineteen hundred ninety-five, whichever is applicable, excluding discharges relating to patients eligible for medicare, payments by governmental agencies, payments pursuant to the comprehensive motor vehicle insurance reparations act, payments pursuant to the workers' compensation law, the volunteer firefighters' benefit law, the volunteer ambulance workers' benefit law, and self-pay patients, and applicable weighting factors developed in accordance with subdivision three of section twenty-eight hundred seven-c of this article as in effect in nineteen hundred ninety-five. For teaching general hospitals which are specialty hospitals reimbursed on a per diem basis, the applicable case mix neutral and wage adjusted medicare standardized rate amount for purposes of this calculation shall be the amount determined for the majority of teaching general hospitals within a region.

(iii) The teaching general hospital's graduate medical education proxy shall equal the sum of its direct medical education proxy and indirect medical education proxy.

(c) For periods prior to January first, two thousand nine, a

distribution amount for each teaching general hospital shall be calculated from the applicable regional pool described in subdivision two of this section as adjusted pursuant to paragraph (d) of this subdivision based upon its percentage of the regional total of the graduate medical education proxies, except that for purposes of this paragraph the statewide amount used to compute such distribution amounts shall be four hundred ninety million dollars on an annual basis for the periods January first, two thousand through December thirty-first, two thousand two and two hundred forty-five million dollars for the period January first, two thousand three through June thirtieth, two thousand three, less amounts set aside each period pursuant to subdivision seven of this section.

(d) For periods prior to January first, two thousand nine, each teaching general hospital shall receive a distribution from the applicable regional pool based on its distribution amount determined under paragraph (c) of this subdivision adjusted by a reduction amount that is determined as follows:

(i) the commissioner shall establish a reduction percentage by dividing twenty-seven million dollars each year for the period January first, two thousand through December thirty-first, two thousand ten and six million seven hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, by the sum of initial hospital distribution amounts calculated pursuant to paragraph (c) of this subdivision;

(ii) the commissioner shall multiply the reduction percentage by the amount calculated pursuant to paragraph (c) of this subdivision for each teaching general hospital;

(iii) each teaching general hospital shall have its initial distribution amount as determined pursuant to paragraph (c) of this subdivision reduced by an amount up to the amount calculated pursuant to subparagraph (ii) of this paragraph and subject to the requirements of subparagraph (iv) of this paragraph, provided, however, that if the sum of reduction amounts for all facilities thus calculated is less than twenty-seven million dollars on a statewide basis each year for the period January first, two thousand through December thirty-first, two thousand ten and six million seven hundred fifty thousand dollars for the period January first, two thousand eleven through March

thirty-first, two thousand eleven, the commissioner may increase the reduction percentage subject to the provisions of subparagraph (iv) of this paragraph so that the sum of the reduction amounts for all facilities is twenty-seven million dollars each year for the period January first, two thousand through December thirty-first, two thousand ten and six million seven hundred fifty thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven.

(iv) for distribution periods prior to January first, two thousand eleven, an individual hospital's reduction amount shall not exceed the hospital's projected losses for treating medicaid and uninsured patients after all other projected medical assistance, including all other projected disproportionate share payments for the applicable period. Such cap on the reduction amount shall also not be reconciled to reflect actual medicaid and uninsured losses for the applicable period.

(e) Effective April first, two thousand four through December thirty-first, two thousand eight, the distribution amount calculated pursuant to paragraphs (c) and (d) of this subdivision for each non-public teaching general hospital shall be reduced by the amount calculated and included in rates pursuant to paragraph (d) of subdivision twenty-five of section twenty-eight hundred seven-c of this article.

(f) Effective January first, two thousand five through December thirty-first, two thousand eight, each teaching general hospital shall receive a distribution from the applicable regional pool based on its distribution amount determined under paragraphs (c), (d) and (e) of this subdivision and reduced by its adjustment amount calculated pursuant to paragraph (s) of subdivision one of this section and, for distributions for the period January first, two thousand five through December thirty-first, two thousand five, further reduced by its extra reduction amount calculated pursuant to paragraph (t) of subdivision one of this section.

4. Reporting requirements. Each teaching general hospital and consortium shall furnish to the department such reports and information as may be required by the commissioner to implement this section and to assess the cost, quality and health system needs for graduate medical

education, including, but not limited to:

(a) each teaching general hospital and site other than a general hospital at which residents receive training shall describe annually its graduate medical education program or programs and report the number of residents in each program; and

(b) each consortium shall provide annually a list of the teaching general hospitals and sites other than general hospitals at which residents receive training participating in the consortium as members and an implementation report relating to achievement of the goals and objectives of the consortium plan; and

(c) each teaching general hospital and sponsoring institution shall jointly prepare and submit to the commissioner on an annual basis an institutional graduate medical education budget reflecting all sources of graduate medical education revenue and expenditures for a calendar year. In a form and manner to be specified by the commissioner, such budget shall be prepared and reviewed by the residency training director and certified by the chief executive officer as to accuracy and completeness prior to submission to the commissioner. Such budget shall be submitted to the commissioner by February first, two thousand nine for the two thousand nine calendar year and each February first, thereafter.

5. Supplemental distributions. (a) Up to thirty-one million dollars annually for the periods January first, two thousand through December thirty-first, two thousand three, and up to twenty-five million dollars plus the sum of the amounts specified in paragraph (n) of subdivision one of this section for the period January first, two thousand five through December thirty-first, two thousand five, and up to thirty-one million dollars annually for the period January first, two thousand six through December thirty-first, two thousand seven, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section for supplemental distributions in each such region to be made by the commissioner to consortia and teaching general hospitals in accordance with a distribution methodology developed in consultation with the council and specified in rules and regulations adopted by the commissioner.

(b) Funds available shall be distributed to consortia and teaching

general hospitals that substantially meet the following training goals and objectives:

(i) reducing the number of graduate medical education programs and/or the number of residents in such programs;

(ii) increasing the number of residents training in underserved areas;

(iii) increasing the number of residents training in ambulatory care facilities;

(iv) improving the quality of training programs;

(v) increasing training of minorities; and

(vi) such other factors as may be specified in rules and regulations adopted by the commissioner in consultation with the council.

The distribution of funds pursuant to this subdivision shall not be conditioned on a consortia or teaching general hospital reducing the number of graduate medical education programs and/or the number of residents in such program.

(c) In the event that funds available under this subdivision are not distributed to consortia or teaching general hospitals in accordance with this subdivision, such funds shall be distributed to teaching general hospitals in accordance with the methodology described in subdivision three of this section.

(d) Notwithstanding any other provision of law or regulation, for the period January first, two thousand five through December thirty-first, two thousand five, the commissioner shall distribute as supplemental payments the allotment specified in paragraph (n) of subdivision one of this section.

5-a. Graduate medical education innovations pool. (a) Supplemental distributions. (i) Thirty-one million dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for distributions pursuant to subdivision five of this section and in accordance with section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York as in effect on January first, two thousand eight; provided, however, for purposes of funding the empire clinical research investigation program (ECRIP) in

accordance with paragraph eight of subdivision (e) and paragraph two of subdivision (f) of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York, distributions shall be made using two regions defined as New York city and the rest of the state and the dollar amount set forth in subparagraph (i) of paragraph two of subdivision (f) of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York shall be increased from sixty thousand dollars to seventy-five thousand dollars.

(ii) For periods on and after January first, two thousand nine, supplemental distributions pursuant to subdivision five of this section and in accordance with section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York shall no longer be made and the provisions of section 86-1.89 of title 10 of the codes, rules and regulations of the state of New York shall be null and void.

(b) Empire clinical research investigator program (ECRIP). Nine million one hundred twenty thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, and two million two hundred eighty thousand dollars for the period January first, two thousand eleven, through March thirty-first, two thousand eleven, nine million one hundred twenty thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, and up to eight million six hundred twelve thousand dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-nine, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section to be allocated regionally with two-thirds of the available funding going to New York city and one-third of the available funding going to the rest of the state and shall be

available for distribution as follows:

Distributions shall first be made to consortia and teaching general hospitals for the empire clinical research investigator program (ECRIP) to help secure federal funding for biomedical research, train clinical researchers, recruit national leaders as faculty to act as mentors, and train residents and fellows in biomedical research skills based on hospital-specific data submitted to the commissioner by consortia and teaching general hospitals in accordance with clause (G) of this subparagraph. Such distributions shall be made in accordance with the following methodology:

(A) The greatest number of clinical research positions for which a consortium or teaching general hospital may be funded pursuant to this subparagraph shall be one percent of the total number of residents training at the consortium or teaching general hospital on July first, two thousand eight for the period January first, two thousand nine through December thirty-first, two thousand nine rounded up to the nearest one position.

(B) Distributions made to a consortium or teaching general hospital shall equal the product of the total number of clinical research positions submitted by a consortium or teaching general hospital and accepted by the commissioner as meeting the criteria set forth in paragraph (b) of subdivision one of this section, subject to the reduction calculation set forth in clause (C) of this subparagraph, times one hundred ten thousand dollars.

(C) If the dollar amount for the total number of clinical research positions in the region calculated pursuant to clause (B) of this subparagraph exceeds the total amount appropriated for purposes of this paragraph, including clinical research positions that continue from and were funded in prior distribution periods, the commissioner shall eliminate one-half of the clinical research positions submitted by each consortium or teaching general hospital rounded down to the nearest one position. Such reduction shall be repeated until the dollar amount for the total number of clinical research positions in the region does not exceed the total amount appropriated for purposes of this paragraph. If the repeated reduction of the total number of clinical research positions in the region by one-half does not render a total funding

amount that is equal to or less than the total amount reserved for that region within the appropriation, the funding for each clinical research position in that region shall be reduced proportionally in one thousand dollar increments until the total dollar amount for the total number of clinical research positions in that region does not exceed the total amount reserved for that region within the appropriation. Any reduction in funding will be effective for the duration of the award. No clinical research positions that continue from and were funded in prior distribution periods shall be eliminated or reduced by such methodology.

(D) Each consortium or teaching general hospital shall receive its annual distribution amount in accordance with the following:

(I) Each consortium or teaching general hospital with a one-year ECRIP award shall receive its annual distribution amount in full upon completion of the requirements set forth in items (I) and (II) of clause (G) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (G) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.

(II) Each consortium or teaching general hospital with a two-year ECRIP award shall receive its first annual distribution amount in full upon completion of the requirements set forth in items (I) and (II) of clause (G) of this subparagraph. Each consortium or teaching general hospital will receive its second annual distribution amount in full upon completion of the requirements set forth in item (III) of clause (G) of this subparagraph. The requirements set forth in items (IV) and (V) of clause (G) of this subparagraph must be completed by the consortium or teaching general hospital in order for the consortium or teaching general hospital to be eligible to apply for ECRIP funding in any subsequent funding cycle.

(E) Each consortium or teaching general hospital receiving distributions pursuant to this subparagraph shall reserve seventy-five thousand dollars to primarily fund salary and fringe benefits of the clinical research position with the remainder going to fund the development of faculty who are involved in biomedical research, training and clinical care.

(F) Undistributed or returned funds available to fund clinical

research positions pursuant to this paragraph for a distribution period shall be available to fund clinical research positions in a subsequent distribution period.

(G) In order to be eligible for distributions pursuant to this subparagraph, each consortium and teaching general hospital shall provide to the commissioner by July first of each distribution period, the following data and information on a hospital-specific basis. Such data and information shall be certified as to accuracy and completeness by the chief executive officer, chief financial officer or chair of the consortium governing body of each consortium or teaching general hospital and shall be maintained by each consortium and teaching general hospital for five years from the date of submission:

(I) For each clinical research position, information on the type, scope, training objectives, institutional support, clinical research experience of the sponsor-mentor, plans for submitting research outcomes to peer reviewed journals and at scientific meetings, including a meeting sponsored by the department, the name of a principal contact person responsible for tracking the career development of researchers placed in clinical research positions, as defined in paragraph (c) of subdivision one of this section, and who is authorized to certify to the commissioner that all the requirements of the clinical research training objectives set forth in this subparagraph shall be met. Such certification shall be provided by July first of each distribution period;

(II) For each clinical research position, information on the name, citizenship status, medical education and training, and medical license number of the researcher, if applicable, shall be provided by December thirty-first of the calendar year following the distribution period;

(III) Information on the status of the clinical research plan, accomplishments, changes in research activities, progress, and performance of the researcher shall be provided upon completion of one-half of the award term;

(IV) A final report detailing training experiences, accomplishments, activities and performance of the clinical researcher, and data, methods, results and analyses of the clinical research plan shall be provided three months after the clinical research position ends; and

(V) Tracking information concerning past researchers, including but

not limited to (A) background information, (B) employment history, (C) research status, (D) current research activities, (E) publications and presentations, (F) research support, and (G) any other information necessary to track the researcher; and

(VI) Any other data or information required by the commissioner to implement this subparagraph.

(H) Notwithstanding any inconsistent provision of this subdivision, for periods on and after April first, two thousand thirteen, ECRIP grant awards shall be made in accordance with rules and regulations promulgated by the commissioner. Such regulations shall, at a minimum:

(1) provide that ECRIP grant awards shall be made with the objective of securing federal funding for biomedical research, training clinical researchers, recruiting national leaders as faculty to act as mentors, and training residents and fellows in biomedical research skills;

(2) provide that ECRIP grant applicants may include interdisciplinary research teams comprised of teaching general hospitals acting in collaboration with entities including but not limited to medical centers, hospitals, universities and local health departments;

(3) provide that applications for ECRIP grant awards shall be based on such information requested by the commissioner, which shall include but not be limited to hospital-specific data;

(4) establish the qualifications for investigators and other staff required for grant projects eligible for ECRIP grant awards; and

(5) establish a methodology for the distribution of funds under ECRIP grant awards.

(c) Physician loan repayment program. One million nine hundred sixty thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, one million nine hundred sixty thousand dollars for the period January first, two thousand nine through December thirty-first, two thousand nine, one million nine hundred sixty thousand dollars for the period January first, two thousand ten through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to one million seven hundred five thousand dollars

each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, and up to one million seven hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for purposes of physician loan repayment in accordance with subdivision ten of this section. Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds going to New York city and two-thirds of available funds going to the rest of the state and shall be distributed in a manner to be determined by the commissioner without a competitive bid or request for proposal process as follows:

(i) Funding shall first be awarded to repay loans of up to twenty-five physicians who train in primary care or specialty tracks in teaching general hospitals, and who enter and remain in primary care or specialty practices in underserved communities, as determined by the commissioner.

(ii) After distributions in accordance with subparagraph (i) of this paragraph, all remaining funds shall be awarded to repay loans of physicians who enter and remain in primary care or specialty practices in underserved communities, as determined by the commissioner, including but not limited to physicians working in general hospitals, or other health care facilities.

(iii) In no case shall less than fifty percent of the funds available pursuant to this paragraph be distributed in accordance with subparagraphs (i) and (ii) of this paragraph to physicians identified by general hospitals.

(iv) In addition to the funds allocated under this paragraph, for the period April first, two thousand fifteen through March thirty-first, two thousand sixteen, two million dollars shall be available for the purposes described in subdivision ten of this section;

(v) In addition to the funds allocated under this paragraph, for the period April first, two thousand sixteen through March thirty-first, two thousand seventeen, two million dollars shall be available for the purposes described in subdivision ten of this section;

(vi) Notwithstanding any provision of law to the contrary, and subject to the extension of the Health Care Reform Act of 1996, sufficient funds shall be available for the purposes described in subdivision ten of this section in amounts necessary to fund the remaining year commitments for awards made pursuant to subparagraphs (iv) and (v) of this paragraph.

(d) Physician practice support. Four million nine hundred thousand dollars for the period January first, two thousand eight through December thirty-first, two thousand eight, four million nine hundred thousand dollars annually for the period January first, two thousand nine through December thirty-first, two thousand ten, one million two hundred twenty-five thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, four million three hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to four million three hundred sixty thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to four million three hundred sixty thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, and up to four million three hundred sixty thousand dollars for each fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine, shall be set aside and reserved by the commissioner from the regional pools established pursuant to

subdivision two of this section and shall be available for purposes of physician practice support. Notwithstanding any contrary provision of this section, sections one hundred twelve and one hundred sixty-three of the state finance law, or any other contrary provision of law, such funding shall be allocated regionally with one-third of available funds going to New York city and two-thirds of available funds going to the rest of the state and shall be distributed in a manner to be determined by the commissioner without a competitive bid or request for proposal process as follows:

(i) Preference in funding shall first be accorded to teaching general hospitals for up to twenty-five awards, to support costs incurred by physicians trained in primary or specialty tracks who thereafter establish or join practices in underserved communities, as determined by the commissioner.

(ii) After distributions in accordance with subparagraph (i) of this paragraph, all remaining funds shall be awarded to physicians to support the cost of establishing or joining practices in underserved communities, as determined by the commissioner, and to hospitals and other health care providers to recruit new physicians to provide services in underserved communities, as determined by the commissioner.

(iii) In no case shall less than fifty percent of the funds available pursuant to this paragraph be distributed to general hospitals in accordance with subparagraphs (i) and (ii) of this paragraph.

(e) Work group. For funding available pursuant to paragraphs (c), (d) and (e) of this subdivision:

(i) The department shall appoint a work group from recommendations made by associations representing physicians, general hospitals and other health care facilities to develop a streamlined application process by June first, two thousand twelve.

(ii) Subject to available funding, applications shall be accepted on a continuous basis. The department shall provide technical assistance to applicants to facilitate their completion of applications. An applicant shall be notified in writing by the department within ten days of receipt of an application as to whether the application is complete and if the application is incomplete, what information is outstanding. The department shall act on an application within thirty days of receipt of a complete application.

(f) Study on physician workforce. Five hundred ninety thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, one hundred forty-eight thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, five hundred sixteen thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to four hundred eighty-seven thousand dollars for each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, and up to four hundred eighty-seven thousand dollars each state fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available to fund a study of physician workforce needs and solutions including, but not limited to, an analysis of residency programs and projected physician workforce and community needs. The commissioner shall enter into agreements with one or more organizations to conduct such study based on a request for proposal process.

(g) Scholars in medicine and science and scholarships in medicine programs. Notwithstanding any inconsistent provision of section one hundred twelve or one hundred sixty-three of the state finance law or any other law, one million nine hundred sixty thousand dollars annually for the period January first, two thousand eight through December thirty-first, two thousand ten, four hundred ninety thousand dollars for the period January first, two thousand eleven through March thirty-first, two thousand eleven, one million seven hundred thousand dollars each state fiscal year for the period April first, two thousand eleven through March thirty-first, two thousand fourteen, up to one

million six hundred five thousand dollars each state fiscal year for the period April first, two thousand fourteen through March thirty-first, two thousand seventeen, up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand seventeen through March thirty-first, two thousand twenty, up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty through March thirty-first, two thousand twenty-three, up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty-three through March thirty-first, two thousand twenty-six, and up to one million six hundred five thousand dollars each state fiscal year for the period April first, two thousand twenty-six through March thirty-first, two thousand twenty-nine, shall be set aside and reserved by the commissioner from the regional pools established pursuant to subdivision two of this section and shall be available for distributions to the Associated Medical Schools of New York to fund its scholars in medicine and science and scholarships in medicine programs including existing and new post-baccalaureate programs for minority and economically disadvantaged students and encourage participation from all medical schools in New York. The associated medical schools of New York shall report to the commissioner on an annual basis regarding the use of funds for such purpose in such form and manner as specified by the commissioner.

(h) In the event there are undistributed funds within amounts made available for distributions pursuant to this subdivision, such funds may be reallocated and distributed in current or subsequent distribution periods in a manner determined by the commissioner for any purpose set forth in this subdivision.

5-b. Other graduate medical education reforms. Any funds specifically appropriated for the purposes of this subdivision shall be used to fund innovative graduate medical education reforms to be determined by the commissioner in consultation with the council, including, but not limited to, (a) development of primary care residency and specialty position training tracks for graduates to serve rural or inner-city communities, (b) development of regional pilot network programs to affiliate major academic centers with community teaching general

hospitals, (c) support for faculty development programs, including designating faculty to mentor students and residents in primary care, (d) support training in fields which serve the geriatric population; (e) increase training in cultural competence, (f) promote training of physicians who will serve persons with developmental disabilities, and (g) any other reforms necessary to improve patient care management, interdisciplinary training, or quality in graduate medical education programs. Such funding shall be distributed to consortia and teaching general hospitals in each region on a competitive basis pursuant to a request for proposal process.

6. Consortia. (a) A consortium must:

(i) have a governing body and such committees as appropriate which should be responsible for the policy coordination and administration of residency programs and which provides all members of the consortium an opportunity to participate in the establishment of consortium policy goals and objectives;

(ii) have procedures and criteria for processing applications by health care providers in the region for participation in the consortium;

(iii) establish policies to evaluate and to maintain and improve the quality of training programs;

(iv) have a mechanism for resolving educational and financial allocation disputes among participating members; and

(v) comply with such further requirements as the commissioner may reasonably require for purposes of implementing this section to achieve state policy goals and objectives regarding graduate medical education.

(b) Nothing in this section shall preclude a consortium from having members from different regions and from allocating regional pool distributions among regions.

(c) To the extent consortia might be anti-competitive within the meaning and intent of the federal and state antitrust laws, it is the intent of the legislature to supplant competition with such arrangements to the extent necessary to accomplish the purposes of this section, and provide state action immunity under the federal antitrust laws with respect to the planning, implementation and operation of consortia and participation therein by hospitals, other providers of health care services, medical schools, payors and consumers.

(d) Each approved consortium shall submit a plan for each period defined in subdivision two of this section for approval by the commissioner, in consultation with the council, for allocation of funds collected pursuant to paragraph (c) of subdivision three of this section to participating general hospitals which provide graduate medical education and sites other than general hospitals at which residents receive training.

8. Revenue from distributions pursuant to this section shall be included in gross revenue received for purposes of the assessments pursuant to subdivision eighteen of section twenty-eight hundred seven-c of this article and for purposes of the assessments pursuant to section twenty-eight hundred seven-d of this article.

10. Physician loan repayment program. (a) Beginning January first, two thousand eight, the commissioner is authorized, within amounts available pursuant to subdivision five-a of this section, to make loan repayment awards to primary care physicians or other physician specialties determined by the commissioner to be in short supply, licensed to practice medicine in New York state, who agree to practice for at least five years in an underserved area, as determined by the commissioner. Such physician shall be eligible for a loan repayment award of up to one hundred fifty thousand dollars over a five year period distributed as follows: fifteen percent of total loan debt not to exceed twenty thousand dollars for the first year; fifteen percent of total loan debt not to exceed twenty-five thousand dollars for the second year; twenty percent of total loan debt not to exceed thirty-five thousand dollars for the third year; and twenty-five percent of total loan debt not to exceed thirty-five thousand dollars per year for the fourth year; and any unpaid balance of the total loan debt not to exceed the maximum award amount for the fifth year of practice in such area.

(b) Loan repayment awards made to a physician pursuant to paragraph (a) of this subdivision shall not exceed the total qualifying outstanding debt of the physician from student loans to cover tuition and other related educational expenses, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under title IV of the federal higher education act.

Loan repayment awards shall be used solely to repay such outstanding debt.

(c) In the event that a five-year commitment pursuant to the agreement referenced in paragraph (a) of this subdivision is not fulfilled, the recipient shall be responsible for repayment in amounts which shall be calculated in accordance with the formula set forth in subdivision (b) of section two hundred fifty-four-o of title forty-two of the United States Code, as amended.

(d) The commissioner is authorized to apply any funds available for purposes of paragraph (a) of this subdivision for use as matching funds for federal grants for the purpose of assisting states in operating loan repayment programs pursuant to section three hundred thirty-eight I of the public health service act.

(e) The commissioner may postpone, change or waive the service obligation and repayment amounts set forth in paragraphs (a) and (c), respectively of this subdivision in individual circumstances where there is compelling need or hardship.

(f)(i) When a physician is not actually practicing in an underserved area, he or she shall be deemed to be practicing in an underserved area if he or she practices in a facility or physician's office that primarily serves an underserved population as determined by the commissioner, without regard to whether the population or the facility or physician's office is located in an underserved area.

(ii) In making criteria and determinations as to whether an area is an underserved area or whether a facility or physician's office primarily serves an underserved population, the commissioner may make separate criteria and determinations for different specialties.

11. The commissioner shall conduct a study of (i) the need for expansion of the physician loan repayment program under subdivision ten of this section to include dentists, midwives, nurse practitioners, and physician assistants; (ii) the level of funding appropriate for that expansion; and (iii) appropriate sources of funding for the future of the program and the expansion. The study may include examination of possible expansion of other programs to recruit people to enter health care professions and serve in underserved areas. The commissioner shall conduct the study in consultation with representatives of the affected

professions, educational institutions and training programs that educate and train people for those professions, appropriate health care providers, affected communities and other interested parties. The commissioner shall report to the governor and the legislature on the findings of the study and recommendations by December first, two thousand eight.

12. Notwithstanding any provision of law to the contrary, applications submitted on or after April first, two thousand sixteen, for the physician loan repayment program pursuant to paragraph (c) of subdivision five-a of this section and subdivision ten of this section or the physician practice support program pursuant to paragraph (d) of subdivision five-a of this section, shall be subject to the following changes:

(a) Awards shall be made from the total funding available for new awards under the physician loan repayment program and the physician practice support program, with neither program limited to a specific funding amount within such total funding available;

(b) An applicant may apply for an award for either physician loan repayment or physician practice support, but not both;

(c) An applicant shall agree to practice for three years in an underserved area and each award shall provide up to forty thousand dollars for each of the three years; and

(d) To the extent practicable, awards shall be timed to be of use for job offers made to applicants.