

MEETING MINUTES

State Loan Repayment Program (SLRP) Workgroup
Monday, February 19th, 2018 10:00am-11:30pm
Indiana Government Center South, Conference Room C

Members Present:

Allison Taylor, *Chairwoman, Indiana Office of Medicaid Policy and Planning*

Ann Alley, *Indiana State Department of Health*

Leila Alter, *Indiana Dental Association*

Matt Brooks, *Indiana Council of Community Mental Health Centers*

Jeffery Chapman, *Office of Medicaid Policy and Planning*

Jessica Ellis, *Indiana Primary Health Care Association*

Jason Kolkmeier, *Indiana Academy of Physician Assistants*

Blayne Miley, *Indiana State Nurses Association*

Kevin Moore, *Division of Mental Health and Addiction*

Colby Shank, *Commission for Higher Education*

Angela Thompson, *Coalition of Advanced Practice Nurses of Indiana*

Andrew VanZee, *Indiana Hospital Association*

Members Not Present:

Mike Brady, *Indiana State Medical Association*

Joseph Habig, *Indiana State Budget Agency*

Senator Randall Head, *Indiana Senate*

Welcome

Chairwoman Taylor calls the meeting to order at 10:00am and welcomes all workgroup members to the meeting. She asks for a motion to approve the meeting minutes from the January 11th meeting. Andrew VanZee makes a motion to approve, Matt Brooks seconds the motion. All present members express consensus to approve. Motion carries.

Chairwoman Taylor reviews the meeting agenda and introduces Hannah Maxey to discuss the results from the small group discussions from the January 11th meeting.

Summary of Small Group Discussions

Hannah Maxey reviews the discussion that occurred at the previous meeting regarding professions that workgroup members believe should be considered eligible for repayment in a SLRP program for Indiana. Following the January workgroup meeting, a formal voting mechanism was administered to the workgroup members to allow them the opportunity to cast their vote on eligible professions. Votes were received from ten workgroup members. Hannah Maxey reviews the results of the workgroup members' votes: one member voted for "physician only," one member voted for "physician and dentist only," and eight members voted for all "Master's level education and above" professionals (including: Physicians, Dentists,

Psychologists, Behavioral and Mental Health Providers, Nurse Practitioners, Certified Nurse Midwives, Physician Assistants).

Chairwoman Taylor opens the floor to any additional discussion on these results. Hannah Maxey adds that even among the professions that are considered eligible for repayment by the state, there must be a mechanism in place to prioritize applications/professions given that a set amount of funds would be available. There was no additional discussion.

Review Action Items from Previous Meeting

Chairwoman Taylor invites Hannah Maxey to report on the Bowen Center for Health Workforce Research and Policy (Bowen Center) research findings on the requests that were made at the previous meeting.

Qualifying Loans

Hannah Maxey discusses the first action item from the previous meeting – which type of loans qualify for student loan repayment. This information was found on HRSA’s website for the NHSC SLRP program requiring the federal match. The loans that qualify include any federal or government student loans and commercial or private student loans that were specifically for education. She states that personal credit loans do not qualify. Additionally, refinanced student loans do not qualify if they have been consolidated with any personal debt. Consolidated or refinanced student loans do qualify if they have only been consolidated with other educational loans. Any spousal consolidation or consolidation with another person would not be eligible for repayment. Hannah Maxey states that additional loans that do not qualify include: parent plus loans, personal credit loans (mortgage, credit card, etc.).

Telemedicine – Are individuals who are providing telemedicine services eligible for loan repayment?

Hannah Maxey states that a workgroup member posed at the last meeting whether telemedicine was considered an eligible practice site. Telemedicine is considered eligible. The requirement is that the originating site (location of the patient) and the distant site (where the clinician is located) must both be in a HPSA. There is also a stipulation that no more than eight hours of patient care for a full-time provider (and four hours for a part-time provider per week) can be delivered via telemedicine.

- Chairwoman Taylor asks if the provider has to be in the same state.
 - Hannah Maxey states that it is not specified. The originating site and distant site can be in different states but the clinician must be licensed in both states.

Hannah Maxey states that any workgroup members who are interested in additional information regarding the findings can reach out to the Bowen Center.

Missouri Hospital Association

Hannah Maxey then presents on the next research request from the workgroup: additional information regarding Missouri’s source for funding match. She states that their strategy is complex but in an overview, the hospitals in Missouri agree to contribute to a fund and that fund

supports the state match for the SLRP program, the poison control center, and a patient safety center. Hospitals that contribute to the fund get an additional 1% back from the state for disproportionate share hospital payment.

Review of States' Funding Strategies

Chairwoman Taylor begins to review strategies that other states use to fund the state match.

Matt Brooks asks how underserved communities are defined. He further states that urban communities often experience a provider shortage, in addition to rural communities. Hannah Maxey reminds the workgroup members that there the NHSC SLRP program defines underserved areas as a health professional shortage area (HPSA). She states that a number of states operate not only the NHSC-SLRP (federal match program), but also operate a separate state-funded loan repayment program. She states that HPSAs can be in both rural and urban communities.

Allison Taylor presents on the various funding strategies that other states have used (state line item, employer, foundation, mixed strategy).

Small Group Discussions – Funding Strategies

Hannah Maxey directs workgroup members to a prioritization matrix that workgroup members will utilize in the latter half of the meeting to guide discussions. It will help the workgroup to prioritize the pros and cons of the different funding strategies that other states have utilized. This document allows individuals to respond to the financial feasibility, political feasibility, administrative feasibility, and any potential adverse effects associated with implementing each of the funding strategy options in Indiana. Hannah Maxey then asks the workgroup to break into small groups to discuss these variables. After approximately 20 minutes of discussion, Hannah Maxey asks the smaller groups to report out on their discussions.

General Appropriations/State Line Item

- One group said they believe funding through general appropriations may not be financially sustainable long-term because the state would need to re-allocate funds in each budget cycle.
- Another group also agreed that it might not be politically feasible because allocating funding to SLRP could decrease funds available for other initiatives.
- Another group states there could be challenges from non-health care professions in distribution of funds. A group member adds that professionals such as teachers and lawyers may want to be included in repayment.
- Another group states they believe this funding strategy would be administratively feasible.

Licensing Fees

- One group states that based on the number of individuals in the health workforce, the state match portion could be funded using a negligible increase in each license fee. They state that in lieu of dedicating funds from the current licensing fee, increasing the fee by a

negligible amount would ensure that any currently obligated funds using this revenue would not be impacted. They believe that funding the match portion using a licensure fee is the most feasible strategy.

- One group member states that one challenge in this funding strategy could be the expectation of transparency. For example, if one workforce contributed \$5 per license and they represent 10,000 licenses (for a total of \$50,000 contributed), they may want to ensure that at least \$50,000 is going directly to support their workforce.
- Another group adds that if this strategy is selected, the state should ensure in implementation that the increase in license fees is only to those licenses that the workgroup has determined to be eligible for repayment (master's level and above professions).

Tax

- All workgroup members unanimously agree that a state match funding strategy using taxes would not be feasible for Indiana.

Use of Current Funding that is Dedicated to an Existing Agency/Office/Division

- One group states that this strategy is politically and administratively feasible in the current environment. However, with administration change or changes in state priority, the sustainability of funding may be questionable.
- Another group member states that one potential problem with this funding strategy would be determining funding priorities (given that the funds are likely already committed to other initiatives).

Employer Match

- One group states that they believe employer match would be a great option, but not administratively feasible. A potential adverse effect from this strategy may be that an employer could decide that they no longer want to participate/fund the state match, resulting in the state having to return the SLRP award.
- Another group shares that solely using employer match funds could preclude participation from dentists and physicians, as these professionals are more likely to practice in private practice settings where dentists/physicians might own their own practice.
- Another group states that using employer match funds may disproportionately affect the geographic distribution of program impact. They state that while a large health network might have the funds to use in this program, smaller, rural settings might not have the funding flexibility to host a SLRP awardee.

An individual asked about the mechanism for program administration in states that use employer match only. Hannah Maxey states that in these states, a state agency is still responsible for program administration. Generally, contracts must be executed between 1) the provider and the state and 2) the employer and the state. The extent to which the employer has the ability to make a final selection out of qualified candidates is unknown.

Foundation Funding

- One group expresses that they believe this strategy is politically feasible. However, the financial sustainability of this strategy may be questionable. Another group member echoes that if such a strategy was implemented, program viability would be threatened if foundation funding contributions were reduced for any reason.

Mixed Funding

- One group expresses that a mixed strategy seems to be the most feasible option for Indiana. They state that their only concern is administrative feasibility, as this funding strategy would have many moving parts.
- Another group agrees that this is likely the best strategy for Indiana. They state that while it may be administratively complicated, a mixed funding strategy would likely be more financially sustainable than any single strategy alone.
- Another group also states that they believe implementing a mixed strategy would be the best approach and while there would be some administrative challenges, the ability to pull funds from multiple different sources creates more financial stability.

Hannah Maxey asks if there is any other discussion that an individual or group would like to bring up on these strategies or if there was anything that was missed.

- One workgroup member states that their small group discussed if there was any opportunity in community investments or employer sponsorships.
- Another workgroup member states that their group came up with an association-based, using only the large associations or a school-based approach in which the schools could incentivize providers practicing in shortage areas throughout their training.
- A workgroup member states that it would be an interesting strategy if they could develop a state health workforce sustainability fund where all of these mixed strategies could be used to contribute to a general fund that is used to support many health workforce related activities.

Hannah Maxey states that in addition to the qualitative feedback provided by workgroup members in these discussions, members will have the opportunity to cast their votes on each funding strategy (using colored adhesive dots to indicate feasibility as positive, neutral, or negative). Workgroup members will indicate their perspectives on their way out from the meeting. Results will be disseminated to workgroup members via email following the meeting.

Closing & Adjourn

Chairwoman Taylor calls the meeting to adjourn at 11:30am. Meeting logistics for the next meeting will be announced shortly. Chairwoman Taylor states that her colleague, Jeff Chapman, will be serving as interim workgroup chair starting in April while she is out on leave.