MEETING MINUTES
State Loan Repayment Program (SLRP) Workgroup
Thursday, January 11th, 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*
Joseph Habig, *Indiana State Budget Agency*
Randall Head, *Indiana Senate*
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*

Welcome

Chairwoman Allison Taylor calls the meeting to order at 10:06am and welcomes all workgroup members to the second workgroup meeting.

Andrew VanZee makes a motion to approve the previous meeting's minutes, Blayne Miley seconds the motion. All present members express consensus to approve. Motion carries.

Chairwoman Taylor reviews this meeting's objectives and action items. She encourages workgroup members to express their questions or feedback on any items during the duration of the workgroup. Chairwoman Taylor introduces Hannah Maxey from the Bowen Center who will present on research conducted following the previous meeting.

SLRP Definitions

Hannah Maxey defines SLRP verbiage to distinguish between the two types of SLRP programs: National Health Service Corps (NHSC) SLRP (federal match) and Non-NHSC SLRP (completely state-based).

> The NHSC program includes various initiatives, including: scholarship, loan repayment, and other types of programs. The NHSC also administers a SLRP program, which requires federal and state match dollars ($1 for $1) for funding. There are additional requirements that are in place for the NHSC SLRP, which are similar requirements to other programs operated out of NHSC.

The Non-NHSC SLRP programs refer to completely state-based programs where requirements, regulations, and funding are all determined by the state. Research conducted by the Bowen Center for Health Workforce Research and Policy (Bowen Center) found that the majority of Non-NHSC SLRP programs funding these types of initiatives through appropriations from the state's general assembly.

NHSC SLRP: Federal Funding Cap per State

Hannah describes the materials in the workgroup member's folders and states that the Bowen Center will send all meeting materials electronically as well. Hannah explains the federal match dollars cap per state. The Bowen Center located the funding opportunity announcement for this program in fiscal year 2014. In this document, HRSA indicates that each state is able to apply for a maximum of $1 million federal dollars per state per year. Of the states awarded, the award ranged from $100,000 to the full $1 million in match dollars.

- Matt Brooks asks where the state match money would come from, if it could be a line item in the state budget, through a licensure fee, etc. to match the federal contribution.
    - Hannah Maxey responds that match dollars varies by states. While many states fund their programs through line items in the state budget, some states have employer sponsored programs where the employer of the provider is responsible for the match dollars. There are also some states who provide the match dollars through support from foundations in the state who donate money to fund the program. Some states actually have a blended system where 25% is in the state budget, 20% employer, and the remaining balance is through foundations.

NHSC SLRP Retention Rates

Hannah states that the NHSC does an evaluation annually on awardee retention. The information presented today is the 2016 evaluation on short-term (1 year) retention for the NHSC SLRP programs. Of note, it is very challenging to track retention for individuals who leave their service site. Hannah explains that in 2013 while she was still a PhD student, she was working with the Indiana State Department of Health and they performed an evaluation on the NHSC recipients. For each year post-obligation, it became more and more challenging to identify where that professional is. Since that time, Indiana has improved our data collection process during licensure for health professionals and Hannah Maxey notes that it would likely be easier to perform such evaluation today given this improvement.

She continues to present the results from HRSA's evaluation. She states that for those awardees that were one year post –obligation, retention overall was 89%. She states that retention can be evaluated in a number of ways. First: retention at the site where the awardee served during their obligation period, which identifies a provider practicing in the same exact clinic or facility that they were in while they served their obligation. Second is the retention of working within the same Health Professional Shortage Area, or HPSA, which are defined geographies that have been identified as having a shortage of some type of professional. The third is the retention of continuing to serve the underserved (which is not further defined in HRSA's summary of results).

The previously reported 89% retention rate was a sum of all types of retention. 71% reported still working at the same site, 6% were not practicing at the same site but were serving in the same

HPSA, and another 13% were practicing in a different HPSA but still serving underserved populations.

This data is also available by discipline. The data collected in the study observed primary care, oral health, and mental health. The breakdown of primary care specialties align with the definitions established by HRSA. Approximately 84% of primary care physicians were retained, 79% of certified nurse midwives were retained, and 87% of nurse practitioners were retained. There was an even higher retention among the oral health providers and the mental health providers.

- Ann Alley asks for clarification of the data is over a period of one year.
    - Hannah responds yes, this is the data collected over a one year period.

- Ann Alley asks if this data shows the providers who have dropped out of the NHSC SLRP program.
    - Hannah states that she is unsure about that but will attempt to contact HRSA to find out. She also brings the workgroup members attention to packet in their folders containing the original PowerPoint slides presented by HRSA as well as the link at the bottom of the slide where they can access the full PowerPoint slide published online by HRSA.

Hannah Maxey states changes in policy over time likely have some effect on post-obligation retention rates due to state economy. Hannah states that it would be ideal for the workgroup to review data that examines retention after a longer period than one year, but unfortunately, this was the only information available.

- Joseph Habig asks if there is any baseline data on retention for providers who do not participate in a SLRP program.
    - Hannah responds that Indiana would be able to examine retention rate of providers' practice sites to see how long they have continued practicing at the same location. She states that it is difficult to have a nationwide evaluation when there is very little federal tracking on how each state is administering the SLRP programs.

Hannah Maxey explains that the Bowen Center is in the process of obtaining data from a post-obligation survey and performing key informant interviews with individuals that participated in Indiana's state-based behavioral health workforce loan repayment (Loan Repayment Assistance Program for Mental Health and Addiction Professionals). That project will be completed in March 2018 and a presentation of the data collected can be presented in the April convening of this workgroup. The results from that evaluation could inform the work of this workgroup. Hannah Maxey shares that an evaluation of Indiana-based NHSC recipients was completed in 2013 but this did not specify between SLRP and other NHSC programs and therefore that information will not be presented today (but is available at http://hdl.handle.net/1805/4924). Hannah Maxey begins to describe information reported by HRSA on NHSC program retention by program type.

- Ann Alley asks for clarification on the information presented.
    - Hannah responds that the information produced by HRSA is reported as the retention by site type with percentages in descending order. A link to the full report is provided at the bottom of the PowerPoint slide.

Hannah discusses HRSA-reported influential factors that impacted providers' decision to stay at their service obligation site. The top influential factor that individuals reported taking into consideration was their commitment to practicing in an underserved area.

- Joseph Habig states that he believes that it would be important to understand the baseline retention rate for providers.

- Matt Brooks states that it may be interesting to compare Indiana's retention rates in comparison with other states/regions, if the information is available.
    - Hannah responds that salary is also a contributing factor. The outcome from this group is to keep in mind that the workgroup is charged with making recommendations for a program to help support Indiana's providers by reducing their debt burden on their federal student loans so they can hopefully fulfill their personal mission to serve the underserved.

Non-NHSC SLRP Programs

Hannah discusses the Non-NHSC based programs. The majority of states that administered in non-NHSC state-based repayment programs are typically funded through a line item in the state budget. However, some states do require site matches (employer, practice site, or foundation) and use other strategies to fund the programs including: the tobacco commission, grants, hospital association, and licensure fees. Many states prioritize physicians in their programs, but several states offer repayment to a variety of health professionals.

- Matt Brooks asks what state funds the SLRP program through their licensure fees.
    - Bowen Center staff respond that this is California. They add an additional $25 to the licensure fee which directly funds the SLRP program.

- Blayne Miley asks if this survey was focused on loan repayment programs that were only for working clinicians. He states that he is aware that Wisconsin and New York have nurse faculty loan repayment programs that are not listed in this evaluation.
    - Hannah Maxey responds that this evaluation was limited to practicing providers in the clinical capacity in the community. However, there are different programs for faculty, researchers, and other types of providers but those were not included.

- Matt Brooks asks if Hannah Maxey knows how many health licenses in the state of Indiana.
    - Hannah states she believes there are over 100,000 RN licenses so she estimates between 200,000-250,000 health professional licenses in Indiana; she states the PLA would be able to provide the exact number. Each health professional license are renewed biannually on different cycles. For example, dental hygienists are renewing now whereas physicians and nurses renewal license period was in 2017 and mental health professionals will renew period later in 2018.

Hannah discusses the program types on the research that was conducted. The majority of states used a loan repayment or forgiveness (only one state uses a grant-type program to give a subsidy payment directly to physicians, which is described later). Five states describe their loan repayment program as a recruitment tool to students in health programs. These states recruit students while they are in medical school and/or other health professional school to apply for the repayment program while they are in

school. Upon completion of the program and obtaining licensure, the professionals would then be immediately eligible to serve in a qualified area and receive loan repayment – it is not a scholarship as they are not paid until they begin practicing.

Hannah Maxey points out that the State of Wisconsin operates a grant program for 12 primary care physicians and 12 psychiatrists annually. They provide up to $20,800 minimum per year for all of the awardees and is a direct grant to the provider.

- Ann Alley asks if any state participates in tax forgiveness instead of payment for loans.
    - Hannah Maxey responds that the Bowen Center did not look into that. The programs that were included provided funds to individuals. Tax forgiveness would be a separate mechanism likely through the Department of Revenue or in conjunction with another agency. That is something that could be studied if the workgroup expressed interest.

- Matt Brooks about the state that funds their program through the tobacco settlement fund.
    - Hannah responds that one state has a Tobacco Commission and that Commission allocates a portion of the tobacco settlement funds to support their loan repayment program.

- Angela Thompson states that the workgroup may want to look at or even separate some of the loan repayment programs by the way of the environment for advanced practice nurses. The majority of the states who participate in the NHSC SLRP program are states that offer full practice authority, which means that APNs or PAs do not have to have a collaborating physician at the practice. Because Indiana does require a collaborating physician what you may find is that many APNs have trouble finding a provider collaborator necessary to fulfill the commitment. Although an APN/PA may want to practice in that area, the collaboration requirements put in place by the state may limit the ability of an APN/PA to serve where they are needed.

- Brian Tabor asks about the state where the hospital association was involved in the distribution or the funding of the match for the SLRP program.
    - Hannah Maxey states that the Bowen Center will investigate further and report back in the next meeting.

- Jessica Ellis asks about if the Bowen Center could research the five states that recruit students who are in health professional training, particularly if they continue to practice in that state. She shares that from the research she has conducted, a state is more likely to retain providers if the student is going to school and practicing in that state.
    - Hannah states that the Bowen Center will investigate that and research how those states help transition the students into providing care in a practice.

STEP 1: Determining Eligible Professions and Prioritization Criteria – Results from State Key Informant Interviews

Hannah Maxey shares that contact information for each state was first obtained through the NHSC website. Information was gathered for six states: District of Columbia, Michigan, Idaho, North Carolina, and Missouri. There were a number of states contacted, including Indiana's contiguous states, but the Bowen Center was not able to make contact with them.

D.C. Statutory Review

Hannah discusses the statute in D.C. code that outlines the eligibility and prioritization for their loan repayment program. D.C.'s program directly ties to the federal shortage area designations. The demonstrated commitment to serve in an underserved area is not completely defined in statute. It might be defined through a personal statement of an individual or if they're already practicing in an underserved area.

She discusses the prioritization strategy for D.C. that is outlined in code. Those considerations include: D.C. residents, graduates of a D.C. program/school, residents of a shortage area, applicants who are able to immediately start practicing, those who are willing to commit to a longer service period, if a provider serves in a medical home, applicants who are multi-lingual, and applicant who have had experience at a community-based primary care facility.

- Matt Brooks asks if they have an application for prioritization
    - Hannah Maxey responds that most states/districts do not make prioritization information publicly available.

- Jeffery Chapman asks if the statute requires the providers to be a full time provider.
    - Hannah responds that no, it does not specify if the provider must practice full-time or part-time.

Idaho – Employer Match

Hannah Maxey explains that Idaho prioritizes primary care physicians and psychiatrists using data and their shortage areas. The individual that was contacted for the key informant interview expressed difficulty with having a state that is funded solely through an employer match because of difficulty finding employers who are willing and able to match the awardee's federal dollars. As a recruitment tool for getting employers to engage in the program, Idaho hosts a conference each year. They also do targeted messaging to medical residents to inform them of the program. Their SLRP program is not currently competitive and they do not distribute all of the funds each year. As a result, they have not had to prioritize at this point in time, but they do have a published scoring matrix in the event that the program does become competitive.

Michigan

Michigan prioritizes primary care, including OB/GYN, and psychiatrists in order to address the top health needs in the state. The providers of these priority specialties are given highest priority for award. Once the highest priority individuals have been identified, the remaining awardees are selected on a lottery system. In past years, Michigan had a program that required an employer match, but due to difficulty in the participation of employers, the state created a line item in the budget to ensure the health care needs of the state were being addressed through the SLRP program, with a strong emphasis on OB/GYN.

Missouri

Missouri includes physicians and dentists but they did not specify the rationale for this decision. The HPSA score is heavily considered in their prioritization as well as individuals who are more likely to continue practicing in an underserved area. However, they did not share how those individuals are identified. They do not give priority to individuals who have previously received funding; everyone is on the same level when the cycle renews.

- Matt Brooks ask about what type of loans are eligible for reimbursement
    - Hannah responds that for the NHSC SLRP program, it is only for federal loans. There would be a direct payment to the practitioner's federal loan holder.

North Carolina

North Carolina limits their SLRP program to mental health professionals. Of note, they previously had a SLRP program that was not NHSC that existed for mental health professionals and strategically built upon their existing mental health loan repayment program. They are considering in expanding outward to offer repayment to additional professions in the coming years.

- A workgroup member asked whether private loans are elibigle for repayment.
    - Hannah states that the Bowen Center can look into loans that are eligible for repayment and if private, consolidated loans would also be eligible.

- Joseph Habig asks if provider has to repay the loan if they don't fulfill service obligation.
    - Hannah Maxey responds that yes, there are financial penalties for break of contract.

Small Group Discussions

The workgroup broke into smaller groups of 3-4 members to discuss which professions should be eligible for repayment in Indiana and how awarding should be prioritized. Results from the four groups are reported anonymously below.

Group #1

- Eligible professions: Doctorate-level (physicians and dentists)
    - Rationale: Once a shortage area recruits the higher professions individuals, the mid-levels and allied health professionals will be able to be recruited.
- Prioritization: Awarding should be prioritized based on HPSA score, multi lingual, and individuals who commit to a longer service commitment. Prioritization criteria should not be defined in statute, to allow for flexibility.

Group #2

- Eligible professions: Physicians, psychologists, mid-levels, nurse practitioners, physician assistants, dentists (Master's level and above). The focus should be on primary care and mental health integration.

    - Rationale: There tends to be a lot of financial assistance available for associate- and baccalaureate-level training programs. Once individuals enroll in master's programs, the availability of financial assistance is often less.
- Prioritization: Prioritization criteria should not be outlined in statute, but the program should be authorized in statute. Prioritization should be based on HPSA score (or equivalent mechanism to identify need/underserved), Indiana graduates, and those willing to commit to a longer service period.

Group #3

- Eligible professions: Physicians, psychologists, mid-levels, NPs, PAs, and RNs.
    - Rationale: Having a broader list of professions eligible for the SLRP program allows flexibility for the state to target and address dynamic high-priority needs. Mental health care providers would be a priority right now.
- Prioritization: Prioritize based on willingness to work and commit to a longer service period in an underserved area and individuals who live in an underserved area. Prioritization criteria should not be outlined in statute.

This group recommends breaking down the advanced practice nurses into specific categories such as certified nurse midwives and clinical nurse specialists and breaking those further down to those who have prescriptive authority compared to those who do not. Hannah Maxey states that Indiana does not current license or certify the advanced practice nurse, aside from the prescriptive authority license.

Group #4

- Eligible professions: Focus on mental health professions that are trained at the doctoral and master's level.
- Prioritization: Prioritization criteria should not be outlined in statute, but the program should be authorized in statute.

Closing & Adjourn

Chairwoman Taylor calls the meeting to adjournment at 11:40am and shares details of the next meeting that will be held on February 8th.