

## MEETING MINUTES

State Loan Repayment Program (SLRP) Workgroup  
Monday, November 13<sup>th</sup>, 2017 1:00pm-2:30pm  
Indiana Government Center South, Conference Room C

### **Members Present:**

**Allison Taylor**, *Chair, 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*  
**Joseph Habig**, *Indiana State Budget Agency*  
**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*  
**Drew Thomas for Jessica Ellis**, *Indiana Primary Health Care Association*  
**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 1:00pm and welcomes all workgroup members. Allison Taylor introduces Hannah Maxey, director of the Bowen Center for Health Workforce Research and Policy (Bowen Center). Hannah Maxey provides a brief background on the Governor's Health Workforce Council (Council) and the formation of the State Loan Repayment Program Workgroup.

### **Review of Charge & Workgroup Charter**

Allison Taylor directs members to materials in the folders that were given to the workgroup members, including the Workgroup Charter and Task Force Protocol (which was approved by the Council). She reviews these documents with the workgroup. The Task Force Protocol outlines the responsibilities of the Council and the ground rules for the workgroup.

### **Member Introductions**

Allison Taylor asks the workgroup members to introduce themselves and share of any known loan repayment programs for health professionals in Indiana, whether past or current.

Leila Alter, representative of the Indiana Dental Association, shares that she has been a dentist in southern Indiana since 2002. She states that she is also the chair for the Indiana Oral Health Coalition. She states that to her knowledge, there are no dental loan repayment programs in Indiana.

Jason Kolkmeier, representative of the Indiana Physician Assistant Academy, shares that he is physician assistant (PA) in Shelbyville, IN and the past president for the Indiana Physician Assistants Academy. He states that he is unaware of any SLRP programs in Indiana for PAs.

Matt Brooks is the President and CEO for the Indiana Council of Community Mental Health Centers and also serves as the Chair for Indiana's Medicaid Advisory Committee. He states that there was a

loan repayment program in Indiana a couple years ago for the mental and behavioral health workforce in Indiana, but he does not believe the program was continued in funding. However, he states that there was a lot of interest and success in the program when it was active.

Andrew VanZee is the Vice President for the Indiana Hospital Association. He shares about the formation of the Graduate Medical Education (GME) Board and their charge to expand opportunities for GME in the state. He states that while this is not a loan repayment program, the initiative has similar objectives in strengthening the health workforce.

Joseph (Joe) Habig states that he is Assistant Director of the Indiana State Budget Agency. He shares that he was interested with participating on this workgroup because he is a recipient of a loan repayment program through the Indiana National Guard and as a result, he has had a positive personal experience. He shares that he is aware of a CHE initiative targeted toward primary care in statute but is unsure of its current status.

Colby Shank serves as Assistant Commissioner for Financial Aid and Student Support Services at the Indiana Commission for Higher Education. He states that there are two loan repayment programs in statute in Indiana. One of these programs is for teachers and the other is the aforementioned program targeting primary care physicians. He states that there is a Primary Care Shortage Scholarship that is administered by the Commission in conjunction with Marian University, where a recipient can earn up to \$10,000 per year for four years.

Kevin Moore is the Director of the Division of Mental Health and Addiction. He states that in 2014, the legislature enacted the Mental Health Services and Addiction Board, which created a loan repayment assistance program in Indiana, targeting the behavioral health workforce. He states that the program was not funded on state appropriations but the Board has identified federal sources to fund the program for three cycles. In each cycle, they have allocated money to around 60-70 individuals, selected from approximately 230 applications during each cycle. He states that they prioritize funding based on variables such as debt ratios, years out of school, practicing in an underserved area, etc. Future funding for this program is not currently identified.

Senator Head is from the State Senate. He is on the Senate Health and Provider Services Committee and Chair of the Children Commission's Mental Health and Substance Abuse Task Force.

Jeffrey Chapman is the Director of Provider Relations in the Office of Medicaid Policy and Planning. He states that he is unaware of a loan repayment program, but the provider relations division creates an annual recruitment report that includes what areas of the state are in need of more Medicaid providers.

Ann Alley is the Director of Chronic Disease, Primary Care and Rural Health Division for the Indiana State Department of Health. She oversees administration of the National Health Service Corps (NHSC) Program incentives for the state, which is federally funded with around 98 providers enrolled. She discusses the J-1 Visa program, which is for foreign medical school graduates who want to practice in underserved areas of Indiana, four of which are practicing in primary care.

- Matt Brooks asks Ann Alley for clarification about practice sites designated as an underserved area. He asks if the geographic location for NHSC has to be designated as a HPSA.
  - Ann Alley responds that yes, in order to qualify for the National Health Service Corps loan repayment, the individual has to be practicing in a HPSA designation.

Angela Thompson is a practicing nurse practitioner at Hendricks Regional Health and is also the legislative health policy chair for the Coalition for Advanced Practice Nurses in Indiana. She states that she is not aware of any loan repayment programs for nurses.

Blayne Miley is the Director of Policy and Advocacy for the Indiana State Nurses Association (ISNA). He shares that Indiana used to have an undergraduate nursing scholarship but the program was eliminated in 2013. At that time, there was sufficient interest in nursing programs, so the scholarship did not have any impact on supply of nursing students. In response to Indiana's nursing faculty shortage, ISNA has recently assisted with draft legislation for a Indiana Nurse Faculty Loan Repayment Program and has received the endorsement of the Interim Study Committee on Public Health, Behavioral Health, and Human Services.

Drew Thomas (standing in for Jessica Ellis) works with the Indiana Primary Health Care Association (IPHCA). He serves as the funding and operations program director for IPHCA. He shares that a couple years ago, IPHCA worked on an informal survey to some of the health care centers and approximately eight of the eleven health centers mentioned that they provide some sort of reimbursement program to providers, but no additional details were provided.

### **Overview of Federal Matches with SLRP programs**

Hannah Maxey discusses the background research that was conducted by the Bowen Center. She describes the NHSC SLRP program and explains that it is a federal match program where the state will match federal dollars to provide loan repayment for eligible health providers practicing in a shortage area.

She identifies three domains, which are important to discuss when considering a loan repayment program:

1. Which professions will be eligible/prioritized?
  - Hannah Maxey states the following professions may be included if the federal NHSC SLRP is considered, based on HRSA's criteria: Primary care, OB/GYN, NPs, general dentists, dental hygienists, mental health professionals, psychiatrists, psychologists, registered nurses, and/or pharmacists.
  - She states that while these are all eligible professions that can be included by the state, it is up to each state's discretion whether all or some of the professions would be included. In addition, Hannah Maxey states that not only will eligible professions need to be identified, but a mechanism for determining funding priority will need to be developed to determine how individuals might be selected, knowing that funding will be limited and/or capped by the program.
2. Where is administration of SLRP programs housed?
  - Hannah Maxey describes that many of the states that are currently NHSC SLRP participants house administration of the program in state health or licensing agencies.
3. How are states funding the match source?
  - Hannah Maxey shares that the majority of current state participants elect to fund the state match source using one of three mechanisms: 1) creating a line item in their state budget, 2) having employers/practice sites provide the funding match, or 3) obtaining the funding from a private or foundation source.

Hannah Maxey explains that the NHSC SLRP does require the practitioner to commit to working in a HPSA designation for a period of time. She also states that amount of money awarded may vary by profession and is defined by the state. She states that [1,378 clinicians](#) were recipients of state loan repayment program funding in fiscal year 2016, averaging to approximately 37 providers per each of the 37 participating states. The Bowen Center utilized the Health Resources and Services Administration's population-to-provider ratios for sufficient capacity (3,500 population:1 provider) to calculate the

potential impact of a SLRP in Indiana. Assuming one primary care provider could serve 3,500 individuals, an additional 37 primary care physicians could provide care to more than 130,000 Hoosiers.

Hannah Maxey states that the manner in which states choose to address these three components may vary greatly by state. She directs workgroup members to a handout that summarizes the different ways in which states have addressed these components.

- Matt Brooks asks for clarification on employers providing the match funding.
  - Hannah Maxey responds that the employers would be the community health centers, hospitals, etc. (where the health professional works) who contribute the state match dollars for the providers.
- Joseph Habig states that the match dollars are always dollar per dollar (50/50) match for employers and then asks if there are set dollar amounts per state or if HRSA's award to states is dependent on how many possible recipients?
  - Ann Alley responds that federal award is dependent on the amount of available match dollars each state is willing to provide.
  - Allison Taylor asks if the federal funding is capped.
    - The Bowen Center will research this and bring this information to the next meeting.

### **Case Study of Three States**

Hannah Maxey presents on three SLRP-participating states (Montana, Missouri, and Idaho) to demonstrate the flexibility in SLRP administration that states can adopt. Additional details for these states can be found in the PowerPoint slides.

Jeffery Chapman asks if these states have the same number of medical/dental students that Indiana has.

- Dr. Maxey responds that no, the numbers of medical/dental students vary by state.
- Jeffery Chapman responds that states with active SLRP programs may have a recruitment advantage for providers, possibly including those providers trained in Indiana.

Senator Head asks how programs in states using employer funds are administered (such as in Idaho).

- Dr. Maxey responds that the Bowen Center is happy to research that further and report back to the workgroup.

Kevin Moore asks if there are any hospital systems currently offering loan repayment to their providers.

- Angela Thompson responds that there are some hospitals that provide tuition reimbursement for select health care students. However, funding is generally limited and recipients have to be full time employed, which is very difficult to go to school full time and work full time.
- Andrew VanZee states that many hospitals are provide financial incentives for their employed physicians using their own funding. He states these incentives usually include stipulations, such as a 3-5 year work commitment. He states hospitals would likely be interested in leveraging federal match dollars to support the funds they provide.
  - Kevin Moore responds that hospitals may also be interested in a SLRP program to expand incentives to additional professionals/disciplines.

Matt Brooks states that what other states are doing by including a stipulation that the provider has to accept Medicaid may be an effective mechanism to strengthen the safety net.

Ann Alley asks if any information is available on return on investment for participants. She is interested in results from an evaluation on retention rates for providers that participated in the program.

- Kevin Moore states that DMHA has begun the process of evaluating the loan repayment program available to behavioral health professionals in Indiana. The data is not yet available.
- Allison Taylor affirms with Senator Head that information on retention rates post-service obligation will be a critical measure for the General Assembly, if this program is proposed to the legislature in the future for enactment.
- The Bowen Center will research this topic and provide information at the next meeting.

Drew Thomas asks if the NHSC SLRP program has any restrictions on time since graduation. Is this program targeted toward recent graduates or are practicing field providers also eligible?

- Hannah Maxey responds that there is no requirement for time after graduation; any clinician that meets the other requirements are eligible.

### **Small Group Discussions**

Hannah Maxey dismisses workgroup members to discuss their response to a prompted question: How should eligible professions be determined for Indiana? Small group report outs are below:

- One group reported that the need for services to Medicaid patients should be considered. Variables that could be factored into the decision include: Medicaid member enrollment and Medicaid provider capacity
  - Another group responded to this comment, stating that some professions that are included in the NHSC eligible professions do not have their own Medicaid patient panel (such as nurses, dental hygienists, etc.). Therefore, this calculation could not apply to them.
- One group reported recommended that only higher level professions (non-mid level providers) be eligible for loan repayment. Their reasoning was that “in order for mid-level providers to practice, they usually require a higher level supervisor. So investing in only higher-level providers would trickle down to employ other/mid-level providers in underserved areas.”
- One group reported that the eligible professions should be determined based on data calculations for which provider types are in shortage.
  - Another group agrees, and recommends the State not only look at current calculations, but be future-oriented in their thinking. While Indiana may currently have a shortage of one type of provider, there may be new delivery models or sunrise-ing professions that would impact demand for other professions.
- One group suggested the state keep the list of “eligible” professions broad in statute, to allow the flexibility in prioritization of awarded professions, based on current and future health needs of the State. The group decided that they would like to learn more about how other states are prioritizing professions and awards. The Bowen Center will complete this research and share at the next workgroup meeting.

Ann Alley asks if it would be possible to look at mapping of where providers are located, as this will inform workgroup discussions on prioritization of the professions.

- Hannah Maxey responds that we have this information for licenses renewed in the previous biennium, but new data will be available for the 2017-2018 renewal cycles throughout the year. She also cautions that county assignment via license address and practice location may vary slightly.

### **Closing & Adjourn**

Allison Taylor states that the next meeting will be scheduled in January and members will be receiving calendar invitations shortly.

Chairwoman Taylor adjourned the meeting at 2:30pm.