



State Loan Repayment Program Workgroup

February 19th, 2018

Chair: Allison Taylor, Family And Social Services Administration



Objectives

- Welcome
- Approval of Minutes from Previous Meeting*
- Follow-up: Summary Results from Small Group Discussions on 1/11/18
- Review of Action Items from Previous Meeting
 - Qualifying Educational Loans
 - Telemedicine
- Discussion of Funding Strategy
- Closing & Adjourn at 11:30am



Welcome

Allison Taylor, Chair





Approval of Previous Meeting Minutes



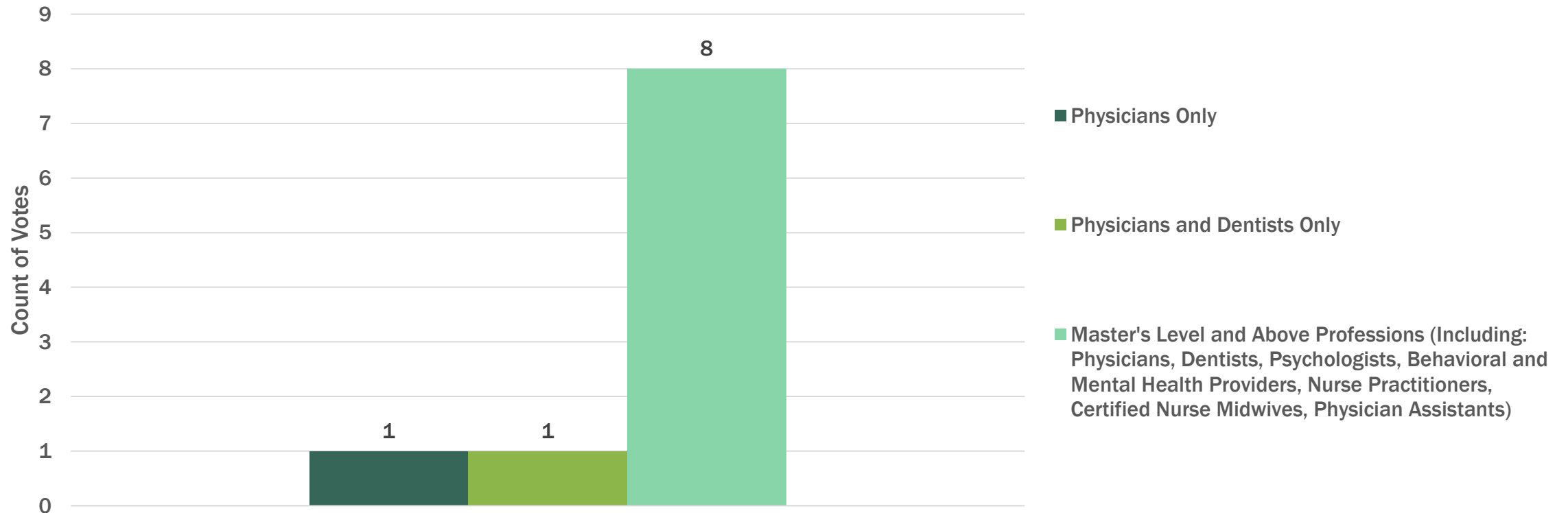


Summary of Previous Meeting Group Report Outs



Eligible Professions: Responses from Voting

Summary of Votes from Survey





Action Items from Previous Meeting



What type of loans qualify for repayment in NHSC SLRP?

Loans that qualify:

- Government
 - Federal, State, or Local
- Commercial (Private)
- Consolidated/Refinanced Educational Loans

Loans that do NOT qualify:

- Parent PLUS Loans
- Personal credit
- Educational loans that were consolidated/refinanced with ineligible (non-qualifying) debt
- Educational loans that were consolidated/refinanced with any other person (spouse/children/etc.)

Is telemedicine an eligible “practice site?”

- Yes
- (1) **Telemedicine.** Subject to the restrictions below, **the NHSC will consider telemedicine as patient care when both the originating site (location of the patient) and the distant site (the NHSC-approved site where the NHSC clinician works) are located in a health professional shortage area (HPSA).** Also, both the originating site and the distant site must meet the HPSA score requirements associated with the contract under which the applicant is applying to serve. Further, the individual must follow all applicable licensing requirements and must meet the NHSC requirement to be licensed in the State of practice. Thus, if the originating site and distant site are in different States, the NHSC participant must be licensed in both.
 - a. An NHSC clinician is prohibited from counting telemedicine encounters as more than **25 percent** (i.e., no more than 8 hours per week for full-time participants and no more than 4 hours per week for half-time participants) **of their patient care hours.**
 - b. Telemedicine services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the NHSC clinician at the distant site.
 - c. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Additional Information about the Missouri Hospital Association Funding their SLRP

- If a Missouri hospital agrees to contribute to a fund, the hospital is paid an additional 1 percent of its hospital-specific Disproportionate Share Hospital (DSH) payment
- The fund supports:
 - Missouri's SLRP match (\$500,000)
 - Patient Safety Center in Missouri
 - State poison control center
 - Other projects and programs approved by the Hospital Association's Board of Trustees
- Missouri Hospital Association's for-profit arm, Management Services Corporation, is responsible for distributing the contributed funds to the SLRP program (under the Primary Care Resource Initiative for Missouri)

Title 13 DEPARTMENT OF SOCIAL SERVICES

- “(II) The allocated amount will then be reduced by one percent (1%) for hospitals that do not contribute through a plan that is approved by the director of the Department of Health and Senior Services to support the state's poison control center and the Primary Care Resource Initiative for Missouri (PRIMO) and Patient Safety Initiative.”

(Source: <https://www.sos.mo.gov/CMSImages/AdRules/main/agency/13csr/13C70-15.doc>)

Source(s):

Information on Missouri's Provider Tax/CMS Match Funding Stream: <http://web.mhanet.com/FRA%20Tutorial.pdf>

Appropriations to the Primary Care Resource Initiative for Missouri: <https://legiscan.com/MO/text/HB2010/2016>



State Funding Strategies Review



State Line Item

- Strategies other states have used:
 - General appropriation
 - Licensing Fees
 - Using funds collected from a tax
 - Absorbing the program into existing funding sources for an agency/office/division

Employer Match

- Nine states have the employer match the full portion of the state match

Foundation Funding

- Three states have foundations funding their state match
 - Colorado funds through a health-focused foundation
 - Texas funds through a foundation associated with the state's largest health system
 - Montana uses direct donations/sponsorships from foundations, companies, or private donations

Mixed Strategies

Some examples:

- Alaska (state general fund + partial employer match)
- Arkansas (state will pay \$10,000 if employer matches \$10,000; total award with federal match would be \$40,000)
- Delaware (requires practice site provide the match funding but encourages employers to solicit community/foundation sponsors)
- Michigan (state general appropriations + employer contributions)
- Montana (Primary Care Office does fundraising from community organizations, hospitals, and clinics to increase funds available for match)



Are there any ideas for funding opportunities that were not discussed?





Small Group Discussions



Discussion of Workgroup Outcomes

- Increasing access to providers in underserved communities (ensuring effectiveness through evaluation)
- Providing financial opportunities for indebted health care providers
- Workforce development in underserved areas
- Ensuring program flexibility to meet state/community health needs
- Related to funding:
 - Financial sustainability of the program
 - Political feasibility
 - Administrative feasibility
 - Potential complications or adverse effects

Are there any additional outcomes to be considered?

Small Group Discussions

Pot. Funding Source →	State Line Item			
Outcomes ↓	General Appropriation	Licensing Fees	Tax	Under existing agency/office/division funding
Financial Sustainability				
Political Feasibility				
Administratively feasibility				
Potential Complications or Adverse Effects				

Pot. Funding Source →	Employer Match	Foundation	Mixed Strategy	Other
Outcomes ↓				
Financial Sustainability				
Political Feasibility				
Administratively feasibility				
Potential Complications or Adverse Effects				

Future Meetings

- To be determined

Contact Information

For questions, feedback, or public comment, please contact the Bowen Center for Health Workforce Research & Policy.

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