



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

June 6, 2024

The Honorable Bill Ferguson
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones
Speaker of the House
State House, H-101
Annapolis, MD 21401-1991

RE: Report required by Health General § 24-1906 Stakeholder Workgroup Report: Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff – Program Establishment and Funding (MSAR# 14489)

Dear President Ferguson and Speaker Jones:

The Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff – Program Establishment and Funding (Article - Health General §§ 24-1801 through 24-1806) establishes the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff (MLARP NNSS) Stakeholder Workgroup. The legislation requires the Maryland Department of Health (Department) to provide staffing for the MLARP NNSS Stakeholder Workgroup, which shall submit its findings and recommendations to the General Assembly in accordance with Article - State Government § 2–1257, Annotated Code of Maryland.

The MLARP-NNSS Stakeholder Workgroup believes a robust and diverse healthcare workforce is valuable in providing access to optimal healthcare for all Marylanders. As recommended in the report, a comprehensive support for a continuum of education-related recruitment and retention incentives for advanced practice registered nurses, nurses, and nursing support staff is essential to compete in the field of healthcare workforce development. The MLARP-NNSS Stakeholder Workgroup membership viewed the report's recommendations as important steps to fully develop the current MLARP NNSS program and build a strong foundation for future healthcare workforce development strategies.

The Department is tasked to staff the workgroup, and respectfully submits this report on behalf of the MLARP NNSS Stakeholder Workgroup membership.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director, Office of Governmental Affairs at sarah.case-herron@maryland.gov or 443-826-1851.

Sincerely,



Laura Herrera Scott, MD, MPH
Secretary

cc: Nilesh Kalyanaraman, MD, Deputy Secretary, Public Health Services
Sarah Case-Herron, JD, Director, Office of Governmental Affairs
Kimberly Hiner, Director, Office of Population Health Improvement
Sarah Albert, Department of Legislative Services (5 copies)

**Maryland Loan Assistance Repayment Program for Nurses and Nursing Support
Staff – Program Establishment and Funding**

Stakeholder Workgroup Final Report

As Required by Senate Bill 696 (2022)

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Membership: Maryland Loan Assistance Repayment Program Stakeholder Workgroup for Nurses and Nursing Support Staff

Seat	Representative
Representative of Secretary of Health	David Davis
Representative of 1199 SEIU United Healthcare Workers East	Loraine Arikat
Representative of the Maryland Hospital Association	Jane Krienke
Representative of Maryland Board of Nursing	Iman Farid
Representative of AFSCME Maryland	Denise Gilmore
Representative of the Maryland Nurses Association	Nayna Philipsen
Representative of the Nurse Practitioner Association of Maryland	Malinda Duke
Representative of Maryland Board of Nursing	Rhonda Scott
Representative of the Maryland Association of County Health Officials	Holly Trice
Representative of LifeSpan Network	Lesley Flaim
Representative of LeadingAge Maryland	Sarah Hemming
Representative of Health Facilities Association of Maryland	Joseph DeMattos
Representative of the Nurse Practitioner Association of Maryland	Nicole Lollo
Representative of a Community Health Center	Shamonda Brathwaite

MDH Staff Assignment: Sara Seitz, Director, Office of Health Care Workforce Development, MDH

Department of Legislative Services Staff Consultation: Amberly Holcomb, Lindsay Rowe

The recommendations in this report reflect the work of the Workgroup and do not necessarily reflect opinions of the Maryland Department of Health.

Executive Summary

The 2022 Maryland legislative session enacted [Senate Bill 696 \(SB696 \(2022\)\)](#) that established the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff

(MLARP-NNSS) to assist Advanced Practice Registered Nurses (APRN) which include: certified registered nurse practitioners (CRNP), certified nurse midwives (CNM), certified nurse specialists (CNS), and certified registered nurse anesthetists (CRNA) along with nurses that include registered nurses (RN) and licensed practical nurses (LPN), along with nursing support staff with repayment of educational loans, as well as set funding and program priorities for the coming years. In addition, the law directs the Maryland Department of Health (MDH) to convene a stakeholder workgroup to examine how the State can implement a program within or in addition to the Maryland Loan Assistance Program Fund for Nurses and Nursing Workers Support Staff to further incentivize APRNs, nurses, and nursing support staff students to practice in health professional shortage areas and medically underserved areas in the State. The legislation requires the established workgroup to submit an interim report of its findings and recommendations, in accordance with § 2–1257 of the State Government Article, to the General Assembly, by December 1, 2022 and a final report by December 1, 2023. This report, “Stakeholder Workgroup Report: Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff – Program Establishment and Funding,” is submitted on behalf of the MLARP Stakeholder Workgroup membership in response to SB 696 (2022) requirements.

Across the state, hundreds of thousands of healthcare providers and their employers work alongside the State to meet the many and varied health needs of Marylanders every day. However, it is evident that underserved populations and healthcare workforce shortages remain. A wide variety of efforts have been implemented to help combat the realities of health professional shortage areas, one of them being the Maryland Loan Assistance Repayment Program (MLARP). To develop its recommendations regarding the recently established MLARP for APRNs, nursing, and nursing support staff, the Workgroup examined available data related to Maryland’s healthcare workforce, nursing school debt, other models for APRN, nurse, and nursing worker support staff recruitment and retention, methods to incentivize students to commit to practicing in medically underserved areas and the availability of other federal grants to further expand loan repayment and loan forgiveness.

As a result of this data collection (summarized in the final Workgroup Report), the real-world experience of the Workgroup’s membership in Maryland’s healthcare, public health, and workforce development fields, and the Workgroup’s collaborative conversations, the following

twelve recommendations are presented to the Maryland General Assembly via this report:

MLARP-NNSS Stakeholder Workgroup Recommendation	Method to Achieve
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Methods to incentivize nursing and nursing support staff students to commit to practicing in medically underserved areas in the State	
Recommendation 1: Utilize a singular online location to disseminate information about available State-sponsored training and incentive programs.	State Agency Collaboration
Recommendation 2: Develop and support workforce programming across the educational continuum, high school through health professional training.	Statutory Changes, Budgetary Appropriations
Priorities for funding the repayment of education loans through the Maryland Loan Assistance Repayment Program Fund for Nurses and Nursing Support Staff	
Recommendation 3: Expand the MLARP-NNSS statute to allow individuals employed at for-profit long-term care facilities to be eligible for MLARP-NNSS.	Statutory Change
Recommendation 4: Limit MLARP-NNSS eligibility to nurses, dedicating a separate program for paid training opportunities for nursing support staff.	Statutory Change, Budgetary Appropriation
Recommendation 5: Utilize available data to guide future funding priorities of MLARP-NNSS.	MDH Internal Policy and/or Statutory Change
Permanent funding structure for the Maryland Loan Assistance Repayment Program Fund for Nurses and Nursing Support Staff	
Recommendation 6: Invest in permanent General Fund appropriations for: 1.) educational loan repayment for APRNs and nurses and, 2.) paid training opportunities for nursing support staff in the Maryland State budget.	Budgetary Appropriation
Recommendation 7: Seek non-General Fund resources to supplement the MLARP Fund, ensuring a diverse revenue pool that is predictable and sustainable.	Permanent Advisory Council Role
Structure of a Permanent Advisory Council	
Recommendation 8: Form a permanent advisory council using the MLARP-NNSS Stakeholder Workgroup membership as a foundation and expanding to include nursing community members and nurse educator/training program representation.	Statutory Change
Additional Recommendations	

Recommendation 9: Amend the title of the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff to better represent the eligible licensures of the program, MLARP for Advanced Practice Registered Nurses and Nurses.	Statutory Change
Recommendation 10: Establish within State government a centralized data collection repository to regularly assess Maryland’s healthcare workforce supply and demand.	Statutory Change, Budgetary Appropriation
Recommendation 11: Invest in an electronic application system for the Maryland Loan Repayment Programs.	MDH Internal Policy, Budgetary Appropriation
Recommendation 12: Invest in a permanent General Fund appropriation for the administration of State-level workforce development activities.	Statutory Change, Budgetary Appropriation

As highlighted throughout the contents of the full Workgroup report, comprehensive support of a continuum of education-related recruitment and retention incentives for APRNs, nurses, and nursing support staff is essential to be a national competitor in the field of healthcare workforce development. The membership humbly submits this report and its recommendations as key steps to more fully develop the current Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff, and to build a firm foundation for a future statewide healthcare workforce development strategy.

Introduction and Background

Introduction: SB 696 (2022)

The 2022 session of the Maryland General Assembly, enacted Senate Bill 696 (SB 696) to establish the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff to assist certain nurses and nursing support staff with repayment of educational loans, as well as set funding and program priorities for the coming years. The bill and resulting law defines “nurses and nursing support staff” as inclusive of the licensures and certifications noted in Table 1.

Table 1. Nurses and Nursing Support Staff Included in SB 696 (2022)

Nurses	Health Occupations Article Definition	Nursing Support Staff	Health Occupations Article Definition
Certified Nurse Midwife	§ 8–101(b)	Certified Medication Technician	§ 8–6A–01(h)
Clinical Nurse Specialist	§ 8–101(b)	Certified Medicine Aide	§ 8–6A–01(i)
Certified Registered Nurse Practitioner	§ 8–101(q)	Certified Nursing Assistant	§ 8–6A–01(j)
Certified Nurse Anesthetist	§ 8–101(k)	Geriatric Nursing Assistant	§ 8–6A–01(m)
Registered Nurse	§ 8–101(p)		
Licensed Practical Nurse	§ 8–101(h)		

In addition to establishment of the program, the bill directs the Maryland Department of Health (MDH) to convene a stakeholder workgroup to research several areas pertinent to nursing workforce development as well as make recommendations related to several related topics:

Research:

1. Nursing school debt experienced in the United States and in Maryland;
2. Models for nurses and nursing worker support staff recruitment and retention that operate in other states, including how these models are funded and how to improve the Maryland Loan Assistance Repayment Program Fund for Nurses and Nursing Workers Support Staff to ensure that the Program is competitive with other states;

3. Methods to incentivize nursing and nursing worker support staff students to commit to practicing in medically underserved areas in the State before entering an educational program or on graduation from nursing school or a program focusing on training for nursing workers support staff; and
4. Availability of other federal grants to further expand loan repayment and loan forgiveness for other nurses and nursing workers support staff in Maryland

Recommendations:

1. Methods to incentivize nursing and nursing support staff students to commit to practicing in medically underserved areas in the State before entering an educational program or on graduation from nursing school or a program focusing on training for nursing workers support staff;
2. Priorities for funding the repayment of education loans through the Maryland Loan Assistance Repayment Program Fund for Nurses and Nursing Support Staff, including priorities relating to practice settings other than an “eligible field of employment”, as defined by § 24–1804 of the Health – General Article, as enacted by Section 1;
3. Structure of a permanent advisory council; and
4. Permanent funding structure for the Maryland Loan Assistance Repayment Program Fund for Nurses and Nursing Support Staff

The research and recommendations are directed to be reported via an interim report (on or before December 1, 2022) and this final report (on or before December 1, 2023), to the General Assembly in accordance with § 2–1257 of the State Government Article.^{1,2}

This mandated report, “Stakeholder Workgroup Report: Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff – Program Establishment and Funding,” is presented as a result of the Workgroup from SB 696 (2022) and builds off of the interim report prepared by the Workgroup for submission in November, 2022. This report is submitted on behalf of the MLARP-NNSS Workgroup membership as a final report of the Workgroup’s “findings and recommendations, including recommendations on the structure of a permanent advisory council and a permanent funding structure for MLARP-NNSS, in accordance with § 2–1257 of the State Government Article, to the General Assembly.” The report also presents a review of the exploration areas mandated by the guiding legislation.

¹ Maryland Senate Bill 696, [Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff – Establishment and Funding](#), 2022.

² Enacted as Chapter 403 of the 2020 Laws of Maryland, codified as [§24-1701 - 24-1707 of Maryland's Health General Article](#)

Background

Maryland's Healthcare Workforce

In order to provide optimal healthcare access to residents across the State of Maryland, it is vital that the healthcare workforce is available at sufficient levels in all geographic areas and across professional licensures and certifications (e.g. physicians, advanced practice registered nurses, nurses, and support staff) and specialties (e.g. primary care, mental health, oncology, etc.). A well-rounded complement of healthcare professionals working at the top of their scope of practice provides the best service to Maryland.

According to the Bureau of Labor Statistics (BLS), the state currently employs approximately 164,690 individuals as Healthcare Practitioners and in Related Technical Occupations and 88,350 individuals in Healthcare Support Occupations.³ Occupational and wage statistics relevant to MLARP-NNSS can be seen in Table 2.

Table 2. Selected Healthcare Professionals, Maryland, Occupational Employment and Wage Statistics, May 2023⁴

Occupation	Number Employed	Employment per 1,000 jobs	Location Quotient⁵	Annual Mean Wage
Nurse Midwives	180	0.069	1.29	\$120,170
Nurse Anesthetists	540	0.204	0.65	\$182,710
Nurse Practitioners	4,170	1.579	0.9	\$119,650
Registered Nurses	49,790	18.857	0.91	\$87,990
Licensed Practical and Licensed Vocational Nurses	7,650	2.897	0.68	\$60,180
Home Health and Personal Care Aides	24,960	9.453	0.40	\$32,590
Nursing Assistants	26,240	9.939	1.12	\$37,180
Medical Assistants	13,420	5.082	1.00	\$41,310

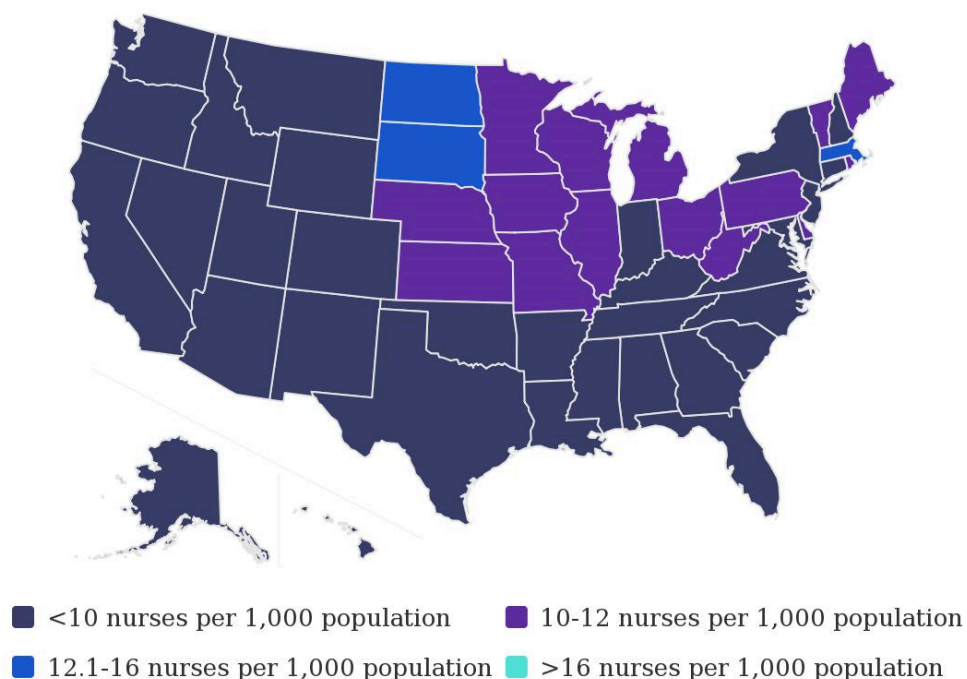
³ United States Bureau Labor Statistics. [State Occupational Employment and Wage Estimates: Maryland, May 2022](#). Accessed 10/10/2023.

⁴ United States Bureau Labor Statistics. [Occupational Employment and Wage Statistics](#). Accessed 8/16/2021.

⁵ Location quotients (LQ) are ratios that allow an area's distribution of employment by industry to be compared to a reference area's distribution. If an LQ is equal to 1, then the industry has the same share of its area employment as it does in the nation. An LQ greater than 1 indicates an industry with a greater share of the local area employment than is the case nationwide.

At a glance, it can be difficult to determine if the BLS data relates to a Maryland healthcare workforce robust enough to serve all of the state's healthcare needs. As the eighteenth most populous state in the United States, with 6,164,660 residents, Maryland could appear well-resourced based on the number of employed professionals per 1,000 jobs, however, the location quotients in Table 2 point to several MLARP-NNSS licensures and certifications potentially not meeting national averages (1.0 represents ratios similar to the nation, with less than 1.0 demonstrating fewer filled positions compared to the national ratios).⁶ Map 1 demonstrates that Maryland's registered nurse-to-state population ratio is among the lowest nurse-to-state population ratios.

Map 1. Nurse-to-State Population Ratio, United States⁷



In review of select annual wages, Maryland's data shows registered nurses earning wages similar to bordering states. At \$87,990, registered nurses in Maryland are earning less than New Jersey and District of Columbia (\$96,670 and \$98,230, respectively) and more than counterparts in Delaware, Pennsylvania, Virginia, and West Virginia (ranging from \$72,230 to \$85,020).⁸ Whereas, nurse practitioners appear to be earning less at \$119,650 than counterparts in Delaware, District of Columbia, New Jersey, and Pennsylvania (ranging from

⁶ United States Census Bureau. [2020 Census Apportionment Results](#). Accessed 8/17/2021.

⁷ NurseJournal. [The U.S. Nursing Shortage: A State-by-State Breakdown](#). Accessed 8/28/2023.

⁸ United States Bureau Labor Statistics. [May 2022 State Occupational Employment and Wage Estimates. Maryland](#). Accessed 10/10/2023.

\$120,550 to \$143,250). Of note, annual wages do not appear to positively impact location quotients, or the prevalence of the occupation in the jurisdiction.

Similar to the United State as a whole, professionals are less likely to choose to work in rural and medically underserved regions of the state than in more urban or thriving communities.⁹ Though this is clearly represented for Healthcare Practitioners and Technical Occupations as a whole, the connection is less clear for nursing and nursing support staff occupations when the BLS data is divided into nationally-determined metropolitan and nonmetropolitan areas (Table 3).

Table 3. Maryland Registered Nurses by Metropolitan and Nonmetropolitan Areas

Metropolitan/ Nonmetropolitan Area	Employment Number	Employment per 1,000 jobs	Location Quotient	Annual Mean Wage
Baltimore-Columbia-Towson, MD	29,320	22.638	1.09	\$89,510
California-Lexington Park, MD	520	10.949	0.53	\$82,070
Cumberland, MD-WV	1,030	28.314	1.36	\$72,040
Hagerstown-Martinsburg, MD-WV	2,280	22.762	1.10	\$80,560
Salisbury, MD-DE	900	15.491	0.75	\$76,370
Maryland nonmetropolitan area	3,950	24.205	1.16	\$82,250

Advanced practice registered nurse, nurse, and nursing support staff shortages are clearly felt throughout the state and the many settings in which a health professional might serve in Maryland. The data to evidence trends in nursing shortages can be difficult to wade through as it is often not available at the level best suited for analysis, whether it be by geography, licensure type, setting, or specialty.

Nationally, NurseJournal reports that nursing shortages continue to affect every state and a lack of educators and students, high turnover, and the rising demand for healthcare is influencing the shortage.¹⁰

⁹ Rural Health information Hub. [Rural Healthcare Workforce](#). Accessed 8/1/2021.

¹⁰ NurseJournal. [The U.S. Nursing Shortage: A State-by-State Breakdown](#). Accessed 8/28/2023.

Specific to Maryland hospital settings, a 2022 Maryland Hospital Association task force noted the key points in Figure 1 related to registered nursing positions.

Figure 1. Maryland Hospital Association Workforce Task Force Key Findings¹¹



In regards to nursing support staff, LeadingAge New York estimates a shortage of nearly 1,950 full time equivalents in a total of 225 Maryland long-term care settings based on the Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting proposed rule released by the Centers for Medicare & Medicaid Services (CMS) in September 2023.¹² The 8.66 FTE per Maryland LTC facility would be necessary to meet the proposed CMS rule “which seeks to establish comprehensive nurse staffing requirements to hold nursing homes accountable for providing safe and high-quality care for the over 1.2 million residents (nationally) receiving care in Medicare and Medicaid-certified LTC facilities each day.”¹³

Though not a direct representation of nursing or nursing support shortages, workforce issues can be more clearly seen at the state level and between practice site settings by surveying the state for federally-designated [Health Professional Shortage Areas](#) (HPSAs) and Medically Underserved Areas/Populations (MUA/Ps). Shortage areas in primary care, dental care, and mental health persist. Here, primary care is defined as, “The provision of integrated, accessible health services by clinicians who are accountable for:

- addressing a large majority of personal health care needs,
- developing a sustained partnership with patients, and
- practicing in the context of family and community.”¹⁴

11 Maryland Hospital Association. [2022 State of Maryland's Health Care Workforce Report: Task Force on Maryland's Future Health Workforce](#), August 2022.

12 Leading Age New York. Unpublished estimates, SNF Proposed Minimum Staffing 2023-10-12.

13 Centers for Medicare and Medicaid Services. [Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting \(CMS 3442-P\)](#). Accessed 10/25/2023.

14 Health Resources and Services Administration, Bureau of Health Workforce. [Glossary](#). Access 8/16/2021.

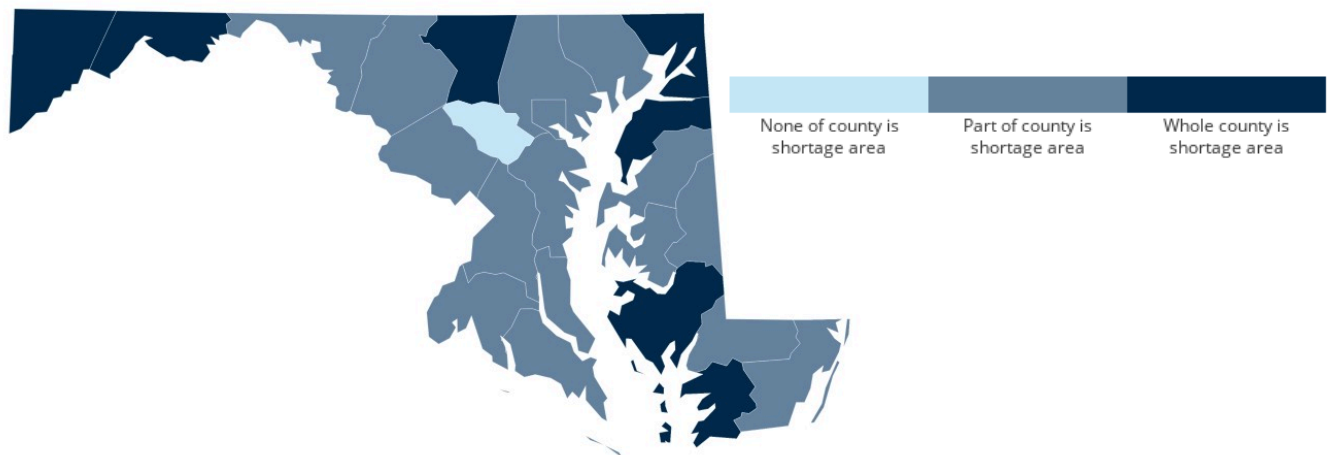
As of September 30, 2023, there are a total of 76 primary care HPSAs in the state, inclusive of 1,748,349 Maryland residents:

- Ten (10) are geographically based (A shortage of providers for an entire group of people within a defined geographic area);
- Forty-seven (47) are population-based (A shortage of providers for a specific group of people within a defined geographic area (i.e. low-income, Medicaid eligible, or homeless population)); and
- Nineteen (19) are facility-based (A shortage of providers based on facility-type: Public or non-profit private medical facilities, correctional facilities, state/county mental hospitals, Federally Qualified Health Centers (FQHCs), FQHC Look-a-Likes, or CMS-certified Rural Health Clinic)

In order to eliminate the primary care HPSA designations, Maryland needs an additional 354 primary care practitioners to provide services in these areas.¹⁵

Most of Maryland's 24 jurisdictions are at least partially designated as a primary care HPSA as seen in Map 2. Expanded HPSAs can be seen in Maps 3 and 4 which identify dental care and mental health HPSAs, respectively.

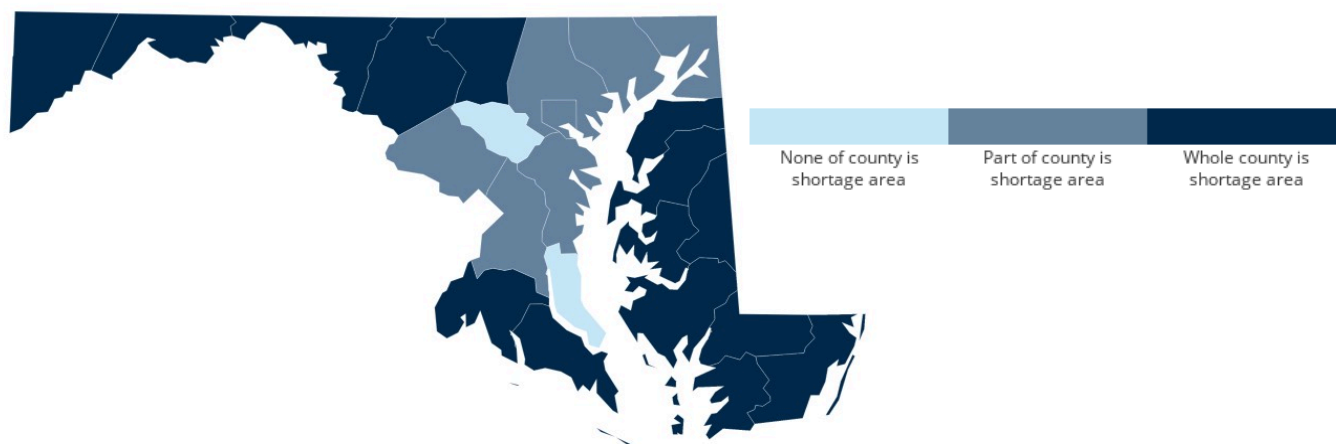
Map 2. Health Professional Shortages Areas: Primary Care, by County, 2023, Maryland¹⁶



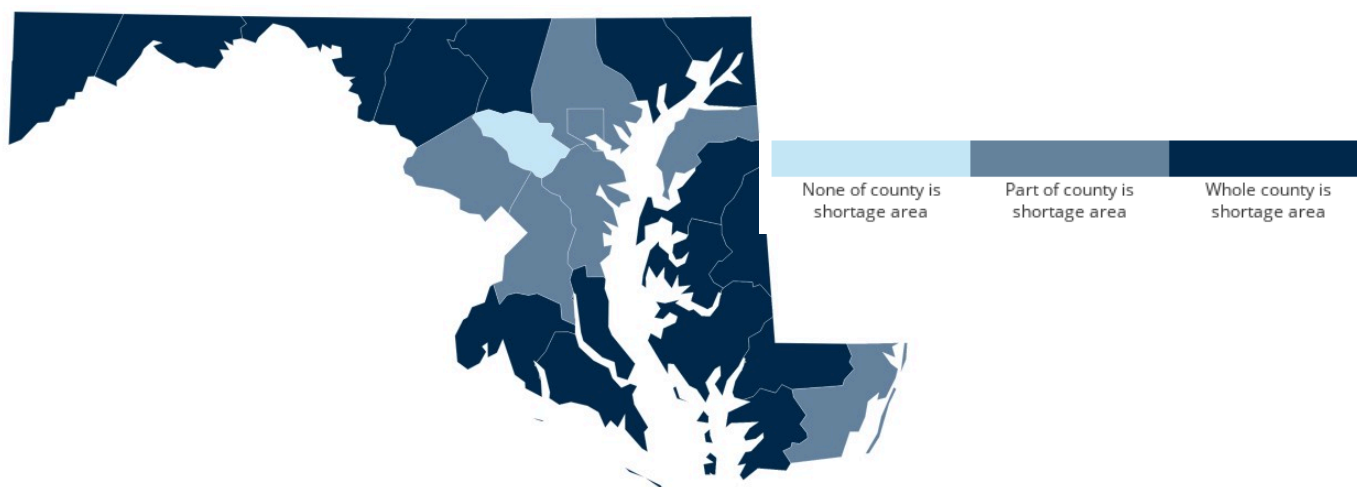
¹⁵ Health Resources and Services Administration. Designated Health Professional Shortage Area Statistics; [4th Quarter of Fiscal Year 2023: Designated HPSA Quarterly Summary](#). Accessed 10/10/2023.

¹⁶ Rural Health information Hub. [Health Professional Shortage Areas: Primary Care, by County, 2023 – Maryland](#), Data Visualizations Chart Gallery. Accessed 10/10/2023.

Map 3. Health Professional Shortages Areas: Dental Care, by County, 2023, Maryland¹⁷



Map 4. Health Professional Shortages Areas: Mental Health, by County, 2023, Maryland¹⁸



The state also receives federal designations for Medically Underserved Areas and Medically Underserved Populations (MUA/Ps) which are defined as “areas or populations designated by the Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality, high poverty or a high elderly population.” Maryland has 54 MUA/Ps, covering approximately 502 (35.7%) of the state’s 1,406 Census tracts.^{19,20}

Healthcare workforce shortages are expected to grow as the Maryland population ages, healthcare professionals retire, and the numbers of graduating APRN, nursing and nursing

¹⁷ Rural Health information Hub. [Health Professional Shortage Areas: Dental Care, by County, 2021 – Maryland](#), Data Visualizations Chart Gallery. Accessed 8/16/2021.

¹⁸ Rural Health information Hub. [Health Professional Shortage Areas: Mental Health, by County, 2021 – Maryland](#), Data Visualizations Chart Gallery. Accessed 8/16/2021.

¹⁹ MUA Find. U.S. Human Resources and Services Administration. [MUA Find Tool](#). Accessed 8/28/2023.

²⁰ U.S. Department of Commerce Economics and Statistics Administration. *2010 Census: Maryland Profile*. Washington, DC: U.S. Census Bureau, 2020.

support staff students do not keep pace. On behalf of the Maryland Hospital Association, Global Data reports increased demand across practice site setting (Table 4).²¹

Table 4. Maryland Demand for Registered Nurses by Setting (Status Quo Scenario)

Setting	2021 Demand	2035 Demand	# Growth	% Growth
Office	3,360	3,800	440	13%
Outpatient	8,050	8,870	820	10%
Emergency	3,220	3,620	400	12%
Inpatient	26,900	32,380	5,480	20%
Home Health	3,070	4,230	1,160	38%
Nursing Home	1,210	1,820	610	50%
Residential Care	2,330	3,660	1,330	57%
School	1,760	1,870	110	6%
Public Health	2,400	2,610	210	9%
Academia	690	690	0	0%
Other	4,910	5,350	440	9%
Total	57,900	68,900	11,000	19%

Note: All values were estimated to whole numbers, then reported to the nearest 10 to avoid implying more precision than can be claimed.

Correcting the discrepancies between Maryland’s healthcare needs and the nurse workforce requires a multi-pronged approach that equally recruits and retains healthcare providers to serve in underserved and rural communities. The Maryland Loan Assistance Repayment Program is just one effort of the many necessary to create a well-rounded strategy for Maryland’s healthcare workforce.

Maryland Loan Repayment Programs

A wide variety of tactics are currently utilized within the state to help meet the healthcare workforce needs of Marylanders. The Maryland Loan Assistance Repayment Program (MLARP) has been a state-funded resource for physician and physician assistant recruitment and retention in Maryland since 1994. For more than two decades, administration of the program was shared between the Maryland Higher Education Commission (MHEC) and MDH. SB 501 (2020) streamlined management of MLARP by centralizing oversight of the program in MDH. As of July 1, 2020, the program is completely administered by MDH’s Office of Health Care Workforce Development (OHCWD) which resides within the Office of Population Health

²¹ GlobalData. [Maryland Nurse Workforce Projections: 2021-2035](#), June 2022.

Improvement, Public Health Services. The Office of Health Care Workforce Development administers the federally-funded National Health Service Corps State Loan Repayment Program (SLRP) (Appendix A). The HRSA-funded SLRP follows slightly different eligibility criteria, requiring eligible physicians and physician assistants to serve their service obligation in a federally-designated HPSA in traditional primary care specialties to include: Family Practice, Internal Medicine, Pediatrics, Geriatrics, Obstetrics and Gynecology, and Psychiatry. Although the federal program allows a wider range of disciplines to be funded via the program, Maryland traditionally opened eligibility to physicians and physician assistants only.

Federally-allowable SLRP-funded disciplines include:

- Allopathic Medicine (MD)
- Osteopathic Medicine (DO)
- General and Pediatric Dentistry (DDS/DMD)
- Nurse Practitioner (NP)
- Certified Nurse-Midwife (CNM)
- Physician Assistant (PA)
- Registered Dental Hygienist (RDH)
- Health Service Psychologist (HSP) (Clinical and Counseling)
- Licensed Clinical Social Worker (LCSW)
- Psychiatric Nurse Specialist (PNS)
- Licensed Professional Counselor (LPC)
- Marriage and Family Therapist (MFT)
- Registered Nurse (RN)
- Pharmacist (PharmD)
- Substance Use Disorder Counselors

In line with its established legislation, MLARP is available to physicians and physician assistants serving in traditional primary care roles with the addition of those practicing in emergency medicine or a medical specialty other than primary care if there is an identified shortage in that specialty.

Federal funds for SLRP are annually received by the state on September 1, with a competitive grant application required every four (4) years. Across the country, 46 states, the District of Columbia, and three territories have current SLRP project periods running September 1, 2022 through August 31, 2025. Federal funding for these state programs ranges from \$205,500 to \$1,000,000.²² The Office of Health Care Workforce Development completed a competitive continuation proposal in Winter 2022 to receive current federal funding for the program. As

²² Health Resources and Services Administration website. [State Loan Repayment Program Grantee Awards Map](#). Accessed 10/10/2023.

noted above, state funds allow Maryland to expand eligibility beyond federally-designated HPSAs and non-profit primary care settings to best meet the state's workforce needs. State-level funding also enables Maryland to meet the historic 1:1 match requirement of the federal funds, which is currently on hold during the 2022-2025 funding cycle. The most recent SLRP award is an annual \$772,160. The funds provide funding for eligible MLARP-PPA and MLARP-NNSS program participants. In most recent years, MLARP-PPA has experienced an increase in available funding, with a \$4,000,000 allocation in fiscal year 2023 and \$1,000,000 slated in fiscal year 2024. The initial MLARP-NNSS funding was \$3,000,000 for fiscal year 2023 and 2024. With no permanent state funding source, the longevity of the MLARP-NNSS allocation is unknown. Together, the state-funded MLARPs and federally-funded SLRP are generally referred to as the Maryland Loan Repayment Programs (MLRP).

Annually, MDH facilitates the Maryland Loan Repayment Programs application cycle during which eligible healthcare providers submit applications for educational loan repayment by established deadlines. The application process requires submission and verification of a variety of documentation to ensure eligibility criteria are verifiable and to gather the appropriate information to facilitate technical scoring based on program priorities. MDH reviewers perform eligibility checks and apply technical scoring to each loan repayment program application. Eligible applicants are categorized to a "priority tier" based on legislative priorities, identified areas of State need, and the applicant's practice specialty. Applications are ranked by technical score within their tier. The level of potential award (dollar amount) is determined by the technical score, up to \$50,000 per year for the highest scoring applications. Of note, the total award amount cannot be greater than a potential awardee's educational debt. The number of awards possible for each fiscal year is determined by the federal and state funding allocations for that particular year as well as for the anticipated future year to ensure ability to fund the full two-year service obligation.

Upon award, each loan repayment recipient signs a promissory note and service obligation agreement. This signature triggers payment of the first service year award. Renewal documentation at the start of the second service obligation year allows for the second service year award to be released.

MLARP for Nurses and Nursing Support Staff

Since the July 1, 2022 effective date of SB696, MDH has undertaken activities to incorporate MLARP-NNSS into its portfolio of loan repayment programs. Tasks to do so included:

Operational Planning: MDH developed a plan to guide expected activities related to the implementation of MLARP-NNSS, including the overarching areas of: Program

conceptualization and integration; program staffing; resources and receipt of funds; regulations development; and preparation for the 2023 application cycle.

Program Conceptualization and Integration: The Office of Health Care Workforce Development (OHCWD) has folded MLARP-NNSS into the existing Maryland Loan Repayment Programs, following the same operational processes and policies, as possible, for each program. OHCWD aims to internally balance divergences in legislation or HRSA directives, limiting confusion and administrative (e.g., funding source-specific eligibility) details advertised to potential MLRP applicants where possible. There is an initial point of contact for MLRP (MLARP-PPA, MLARP-NNSS, and SLRP) matters related to general program information, application inquiries, award and payment processes, and service obligation monitoring, with a triage process for handling more detailed participant needs. Of note, learning more about APRN, nursing, and nursing support staff licensures/certifications was necessary in the office's efforts to integrate these newly eligible professionals into the Maryland Loan Repayment Programs. Background information regarding the education pathways and scopes of practice for the identified nurses and nursing support staff is available in Appendix B to provide context for the MLRP-NNSS Stakeholder Workgroup discussion below.

Program Staffing: Initially, staffing roles and responsibilities were identified among current OPHI staff. OHCWD traditionally held two staff, totaling a 0.7 full time equivalent assigned to its programs (MLRP, Conrad 30 (J-1 Visa Waiver) Program, and Tax Credit for Preceptors), with the OPHI Fiscal Officer also engaged in the receipt of funds and participant payment processing for MLARP-NNSS. Noting the need for expanded staff capacity, an Administrative Specialist position was written into and awarded via the 2022 competitive SLRP application, leveraging available Federal funds via HRSA. Currently available Centers for Disease Control and Prevention (CDC) public health infrastructure funds allowed for the addition of a Health Policy Analyst position for OHCWD.

Therefore, the current OHCWD structure is as follows:

- Lead Consultant: 0.2 full time equivalent (FTE)
- Coordinator: 0.5 FTE
- Administrative Specialist: 1.0 FTE
- Health Policy Analyst: 1.0 FTE

OHCWD has noted a vital need for a state merit leadership position to direct the expanded work of the Office. OPHI and MDH leadership are engaged in discussions in support of this need. .

Resources and Receipt of Funds: To optimize leveraging of federal funding (SLRP), the 2022 competitive proposal process for SLRP was used to expand the disciplines that are eligible for funding through SLRP, including federal fund use (starting in Fiscal Year 2023) for Certified Registered Nurse Practitioners and Certified Nurse-Midwives. To support non-federal funding for APRNs, nurses, and nursing support staff, an MLARP-NNSS accounts receivable process was developed in consultation with relevant partners, such as MDH General Accounting, with new cost centers developed as needed.

Regulations Development: Regulations for MLARP-NNSS are currently being drafted. Members of the Stakeholder Workgroup will be asked to provide review and comment upon draft readiness.

Program Marketing: The MLRP webpage, targeted to the applicant audience, was updated to incorporate MLARP-NNSS. New informational hand-outs regarding MLRP were developed and printed, with dissemination initiated (Appendix C).

2023 Application Cycle: Application cycle timelines have been integrated into the standing MLRP calendar, with an inaugural MLARP-NNSS application cycle launched March 1, 2023. OHCWD staff hosted three (3) virtual informational “Office Hours” sessions for potential applicants and provided several additional employer, association, and academic-focused presentations regarding the 2023 MLRP application cycle, as invited by stakeholders. During the application cycle, March 1 through April 15, 2023, MLRP received 295 applications from eligible healthcare providers (physicians, physician assistants, nurses and nursing support staff). Out of the 150 applications received from nurses and nursing support staff, 107 were complete applications. Based on available first-year funding levels, 85 of the 85 complete and program-eligible applications were approved for award. By license, the complete and program-eligible applications are detailed in the table below.

Table 5. Professional License by Eligible MLARP NNSS Applicants and Participants/Awardees

Professional License	2023 Applicants	Participants/Awardees
Advanced Practice Registered Nurses (APRN) <ul style="list-style-type: none"> CRNP: Nurse Practitioner CNM: Certified Nurse-Midwife 	35 (32 CRNP; 3 CNM)	35 (32 CRNP; 3 CNM)

<ul style="list-style-type: none"> ● CRNA: Certified Registered Nurse Anesthetist ● CNS: Clinical Nurse Specialist 		
Registered Nurses (RN)	48	48
Licensed Practical Nurses (LPN)	2	2
Nursing Support Staff <ul style="list-style-type: none"> ● CMT: Certified Medication Technician ● CMA: Certified Medicine Aide ● CNA: Certified Nursing Assistant ● GNA: Geriatric Nursing Assistant 	0	0
Total	85	85

Data regarding nursing support staff is not included below as zero complete and eligible applications were received from CMT, CMA, CNA, and GNA professionals during the 2023 application cycle. The eighty-five two-year service obligations represent a fiscal obligation of \$2,753,523.00 in MLARP-NNSS funding. Following offers of award, service obligation agreements and promissory notes, along with fiscal documentation was collected from the majority of those offered award. Payment requests and fulfillment began in July and is slated to be mostly complete by the end of October 2023.

In addition to the operationalization of MLARP-NNSS, MDH staff worked to facilitate the SB 696-associated Stakeholder Workgroup over the course of the latter months of 2022 and much of 2023. Summaries of Workgroup research, and the resulting recommendations for the future of MLARP can be found below.

MLARP-NNSS Stakeholder Workgroup

As noted in the Introduction of this report, SB 696 (2022) calls for the establishment of a Workgroup “to examine how the State can implement a program within or in addition to the Maryland Loan Assistance Program Fund for Nurses and Nursing Workers Support Staff to further incentivize nursing and nursing worker support staff students” and make recommendations regarding the MLARP-NNSS. In compliance with SB 696 (2022), the Workgroup membership consists of the following 12 stakeholders:

1. Secretary of Health, or the Secretary’s designee;
2. Representative of the State Board of Nursing;
3. Representative of the Maryland Nurses Association;
4. Representative of 1199 SEIU United Healthcare Workers East;
5. Representative of the Health Facilities Association of Maryland;

6. Representative of the Maryland Hospital Association;
7. Representative of the LifeSpan Network;
8. Representative of LeadingAge Maryland;
9. Representative of AFSCME Maryland;
10. Representative of the Nurse Practitioner Association of Maryland;
11. Representative of the Maryland Association of County Health Officers; and a
12. Representative from a community health center

Identification of workgroup representatives began in August 2022. The initial meeting of the workgroup took place virtually on November 14, 2022, followed by monthly meetings since that time, for a total of eleven scheduled meetings open to public attendance in accordance with the Maryland Open Meetings Act.

The workgroup set forth a general meeting schedule for the 2022-2023 calendar years and determined that facilitation of the group will be conducted by the lead staff member of the OHCWD, Maryland Department of Health (Sara Seitz, Director, State Office of Rural Health). Also, the group drafted a general work plan to enable the group to move toward report submission of MLARP recommendations to the General Assembly by December 1, 2023 (Table 6).

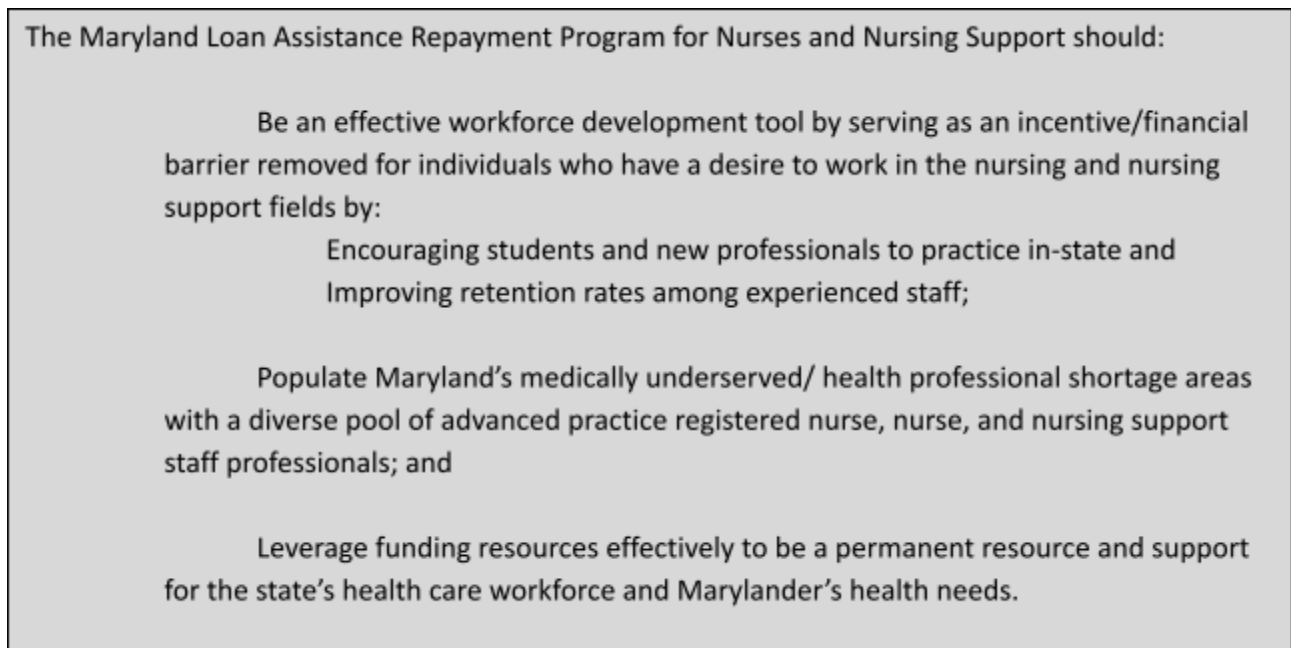
Table 6. MLARP-NNSS Stakeholder Workgroup Work Plan for Deliverables

Timeframe	Presentations/ Discussion	Post-Meeting Action Steps
November 2022 – April 2023	Introductions Current MLRP (SLRP and MLARP) intro - Initial recommendation formulation	- Interim report - Member contributions to research/ data topic areas
May – July 2023	May: Leads: Collection of additional data 5/22 Discussion: Methods to incentivize students 6/26 Discussion: Student incentivization, continued and Funding structure 7/24 Discussion: Draft recommendations language	- Research group breakouts and contributions
August - September 2023	- Review of recommendations, continued discussion	- Finalize recommendation language for October report draft via comments/suggestions in outline and report drafts

October 2023	<ul style="list-style-type: none"> - Final recommendations review and revisions - Review of completed work, next advisory group steps 	<ul style="list-style-type: none"> - Submission of report to MDH Public Health Services/ Office of Governmental Affairs by November 1, 2023
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Through its conversations, the Stakeholder Workgroup identified their vision for a successful and effective MLARP-NNSS.

Figure 2. MLARP-NNSS Stakeholder Workgroup Vision for MLARP-NNSS



Over the course of its work, the full Workgroup will have met a total of twelve times. Meeting proceedings were documented and summaries are available in Appendix D.

At the time of this submission, further information regarding the MLARP-NNSS Workgroup meetings and minutes can be found on the developed MLARP-NNSS Workgroup web page: <https://health.maryland.gov/pophealth/Pages/MLARP-Stakeholder-Workgroup-for-Nurses-and-Nursing-Support-Staff.aspx>.

Throughout discussions of the MLARP-NNSS Workgroup, key areas of research and exploration noted in SB 696 (2022) were taken under consideration, as described below.

Key Considerations

Nursing School Debt

Tuition costs for higher education have increased over recent years, with annual growth exceeding monetary inflation by more than two and a half times.²³ Increases in tuition costs are one factor in growing student loan debt statistics. In addition, students must also account for costs related to mandatory fees, health and malpractice insurance, vaccinations, uniforms, instruments, books, transportation, and living expenses.

Costs associated with schooling toward advanced practice and nursing licensure lead to a necessity for educational loans for many students. Approximately 17% of American adults report having current educational loan debt stemming from obtaining a degree or certification.²⁴ The National Center for Education Statistics notes approximately 38% of first-time, full-time degree/certificate-seeking undergraduate students overall were awarded educational loans in 2020 to 2021.²⁵ Graduating undergraduates saw a higher percentage, over half, 54%, graduating with some type of educational loan debt, averaging \$29,100.²⁶ Recent data boasts an outstanding 1.645 trillion dollars' worth of debt owed to lenders of educational loans in the United States and notes, U.S. student loan debt is the second highest consumer debt category, second only to mortgage debt.²⁷

With increasing degree levels, the average level of educational debt increases, with the average federal student loan debt among associate degree holders at \$20,000 and then notching higher for undergraduate, graduate, and doctorate degree students, respectively. Debt associated with nursing degrees is shown against other health professional degrees in Table 7.

23 Education Data Initiative, [Student Loan Debt Statistics](#), EducationData.org. Accessed 8/16/2021.

24 Nerd Wallet, [How Many Americans Have Student Loan Debt?](#) Accessed 10/10/2023.

25 National Center for Educational Statistics, [Student Debt Fast Facts](#), Accessed 8/28/2023.

26 USA Today, [Student loan debt: Averages and other statistics in 2023](#), Accessed 10/10/2023.

27 Forbes, [Student Loan Debt Statistics In 2021: A Record \\$1.7 Trillion](#), Accessed 8/16/2021.

Table 7. Average Student Loan Amounts by Debt Type, United States²⁸

Debt Type	Average Debt
Bachelor's degree debt	\$28,400
Graduate school loan debt	\$71,000
Medical school debt	\$203,062
Dental school debt	\$301,583
Nursing school student debt	\$19,928: Associate Degree in Nursing (ADN) \$23,711: Bachelor of Science in Nursing (BSN) \$47,321: Master of Science in Nursing (MSN) \$154,083: Advanced Practice Registered Nurse (APRN) \$184,787: Doctorate of Nursing Practice (DRNP) ²⁹

The cost and educational loan debt of a nursing or nursing support staff education varies widely depending on the degree/licensure/certification to be obtained and the school at which the degree is pursued. Research does not yield much data regarding LPN and nursing support staff educational debt; however, the costs are typically lower than for ADN, BSN, and MSN nursing degrees. Anecdotal evidence points to LPN and nursing support staff certificate holders typically not using educational loans to pay for schooling associated with their profession but taking advantage of employer-paid training or paying out of pocket.

Marylander's represent higher loan debt than the national average. The Data Education Initiative reports the following about Maryland student loan debt:

Maryland residents are more likely to have a great deal of student loan debt than their peers across the country.

- \$35.9 billion in student loan debt belongs to state residents.
- \$42,861 is the average student loan debt.
- 837,600 student borrowers live in Maryland.
- 50.5% of them are under the age of 35.
- 13.6% of state residents have student loan debt.
- Among the state's indebted student borrowers, 14.0% owe less than \$5,000.
- 20.7% owe \$20,000 to \$40,000 (average \$28,563).
- 3.2% owe more than \$200,000.³⁰

²⁸ Nerd Wallet. [How Many Americans Have Student Loan Debt?](#) Accessed 10/10/2023.

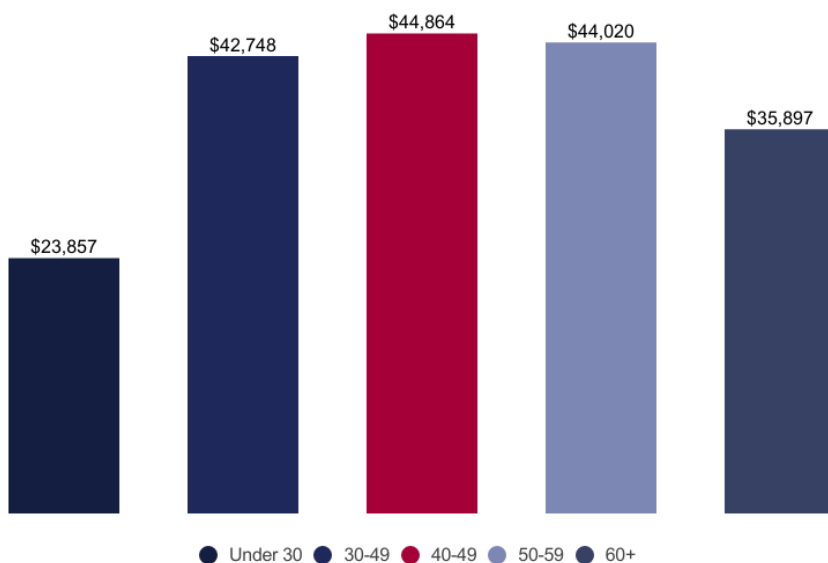
²⁹ Student Loan Planner. [A Guide to the Average Student Loan Debt for Nurse Practitioners](#). Accessed 10/10/2023.

³⁰ Education Data Initiative. [Student Loan Debt by State](#). Accessed 10/10/2023.

In addition to debt averages increasing due to seeking a professional degree or the specific academic institution attended, further student demographic factors, such as race and ethnicity play a role in student debt statistics as well. As reported by an American Association of Colleges of Nursing survey, “Compared to the total survey population, students of diverse background anticipate borrowing more to fund their graduate nursing program, as they are taking out loans of larger value than the group at-large.” The survey data suggests that students who are Black/African American, American Indian or Alaska Native, Hispanic or Latino, and two or more races, are using educational loans at a higher rate and for larger dollar amounts.³¹ National data of all educational loan debt demonstrates similar trends.³²

For those for whom educational loans are necessary, debt can follow students far into and sometimes past their career timeframe, as noted in Figure 3.

Figure 3. Average Remaining Student Loan Debt by Age Group, United States³³



Of note, federal loans now account for 93.1% of educational loan debt in the United States. Student loan debt relief went into effect due to the Public Health Emergency in 2020, placing federal loans in administrative forbearance until September 2023. Starting October 2023, repayment is due again for federal loan holders.³⁴

31 American Association of Colleges of Nursing. [The Numbers Behind the Degree: Financing Graduate Nursing Education](#). October 2017.

32 Education Data Initiative. [Student Loan Debt by State](#). Accessed 10/10/2023.

33 Education Data Initiative. [Student Loan Debt Statistics](#). Accessed 8/16/2021.

34 Education Data Initiative. [Student Loan Debt Statistics](#). Accessed 8/16/2021.

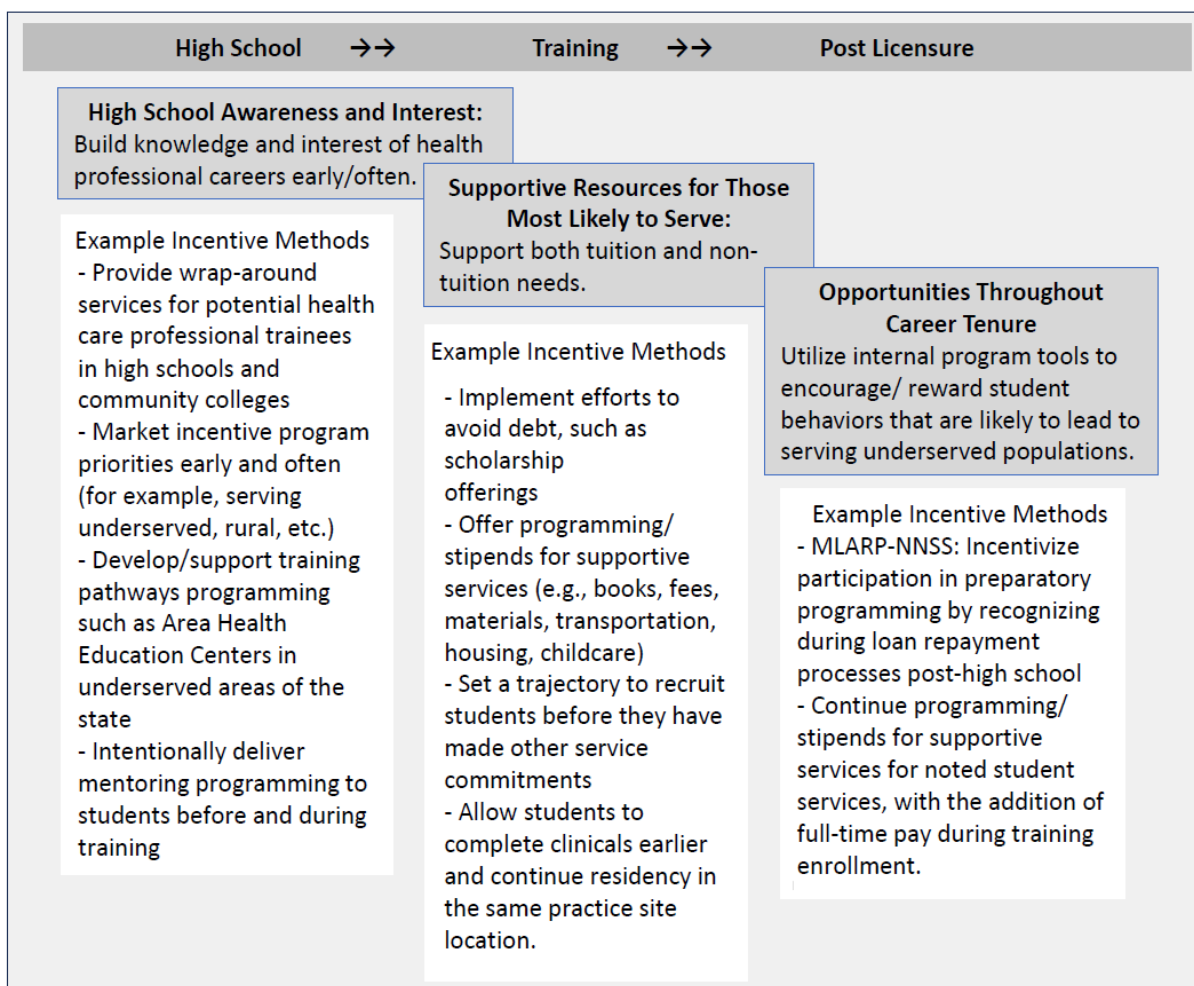
Methods to Incentivize Students to Serve Underserved

Like most post-secondary graduates, burgeoning healthcare professionals have many decisions to make regarding their future work environment, including practice specialty, geographic location, and community to be served. Among these options, fewer individuals than are necessary to the health of our citizens choose to practice in primary care, rural areas, and in the service of the medically underserved. As noted in the background section of this report, a multi-pronged approach is required to attract individuals to these areas of health professional shortages. Both recruitment, “attracting current health professionals and students to open positions or to future positions,” and retention, “keeping healthcare professionals employed in their healthcare facilities and communities,” are strategies vital toward developing and maintaining a strong workforce.³⁵

Incentivizing students is a continuum of efforts starting during at least the high school level into training and post-licensure. The MLARP-NNSS Stakeholder Workgroup discussed the following vital points along the continuum (Figure 4), including the specific incentive methods noted:

³⁵ Rural Health Information Hub. [Recruitment and Retention for Rural Health Facilities](#). Accessed 8/18/2021.

Figure 4. MLARP-NNSS Focus Areas: Recruitment and Retention Incentive Continuum



High School Awareness and Interest

Recruitment activities can start as early as middle and high school with “grow-your-own” and pipeline programming that introduces students to the health professions field and show that careers in healthcare are varied and attainable, within underserved areas. Alongside introductions to health professions, early and ongoing exposure to serving priority populations can be a key component of building career-long dedication to those populations.

Certificate and licensure student programs presenting the benefits of primary care and service in rural and underserved communities can have lasting impacts on students. A variety of programs across the country and in Maryland work toward this purpose. For example, the Maryland Area Health Education Center’s (AHEC) regional centers:

Strengthen the supply and distribution of healthcare professionals in rural and underserved areas, focusing on primary and preventive care. AHECs act as liaisons between communities and academic institutions and assist in arranging training

opportunities for health professions students, tailoring their programs and activities to the needs of their region. AHECs help prepare students for rural healthcare through activities such as:

- Recruiting and training minority students and those from disadvantaged backgrounds;
- Placing students in community-based clinical practices settings, focusing on primary care;
- Improving quality of care by promoting interprofessional education and collaboration;
- Facilitating programs and continuing education resources for health professionals in rural and underserved areas; and
- Conducting pipeline activities to expose pre-college students to health careers.³⁶

Maryland's AHEC, facilitated by the University of Maryland School of Medicine, conducts this work via its regional centers in Western Maryland, on the Eastern Shore, and in Central Maryland. The HRSA-funded AHEC Scholars program provides interprofessional education opportunities to students in rural and underserved areas.

Supportive Resources

Several State-facilitated programs exist and fall into the “supportive resources” segment of the incentive continuum. Programs specifically available to nurses include:

[Workforce Shortage Student Assistance Grant Program](#) – Offers merit and/or need-based awards to Maryland residents enrolled in a two-year or four-year Maryland college or university. Recipients must be employed as a nurse in a Maryland licensed hospital, adult day care center, nursing home, public health agency, home health agency, an eligible institution of postsecondary education that awards nursing degrees or diplomas, or other organization authorized by the Department of Health Secretary. The service obligation is at a rate of one-year for each year of scholarship.

[Tuition Reduction for Non-Resident Nursing Students](#) - Provides a reduction in tuition for out-of-state students who are enrolled in a two-year or four-year public institution nursing program in Maryland. Requires a two or four year service obligation as a full-time nurse in a hospital or related institution.

[Janet L. Hoffman Loan Assistance Repayment Program](#) - Awards Maryland residents who provide public service in Maryland that serve low income or underserved residents. Applicants must have earned a degree from a college in Maryland and must be employed full-time in state

³⁶ Education and Training of the Rural Healthcare Workforce. Rural Health Information Hub (RHIIhub). Accessed 8/18/2021.

https://www.ruralhealthinfo.org/topics/workforce-education-and-training?utm_source=racupdate&utm_medium=email&utm_campaign=update072821#ahec

or local government or in a nonprofit organization located in Maryland. Employers must help low income, underserved residents, or underserved areas in the state. Applicants must have educational loans from a university, government, or commercial source that were used to pay college expenses. Nurses and nursing faculty, except school nurses, are eligible to apply.

[Cohen Scholars](#) - Provides funding for Cohen Scholars to complete the graduate degrees (MS, MSN, DNP, PhD, EdD) and core education coursework, including post-master's teaching certificates, necessary to prepare to become a nurse educator, nurse faculty, clinical educator in one of Maryland's nursing degree programs, professional development specialist, nurse residency specialist or other nurse educator in hospital education roles. Maryland institutions with nursing degree programs may nominate a limited number of new Cohen Scholars each academic year.

[Income Tax Credit for Preceptors in Areas with Health Care Workforce Shortages Programs](#) - Authorizes a credit against the State income tax for individuals who served as an uncompensated preceptor in certain preceptorship programs in healthcare workforce shortage areas within the most recent tax year.

Programs such as the [University of Maryland Medical System \(UMMS\) Academy of Clinical Essentials \(ACE\)](#) can offer innovative paid training opportunities. ACE pairs four nursing students with an UMMS-funded bedside nurse, who also serves as their clinical instructor, to provide care throughout a full 12.5 hour shift and for a full patient assignment each week. The instructor-led cohort is equal to one nurse in the unit's staffing numbers. Additional paid training opportunity examples are available to grantees versus individuals, through programs administered by the Maryland Department of Labor. The [Career Pathways Program – Workforce Development and Adult Learning](#), [EARN \(Employment Advancement Right Now\)](#), and the [Maryland Apprenticeship and Training Program](#) offer models that could be expanded to further serve nursing and nursing support staff fields.

Models for Recruitment and Retention in Other States

There are many national and state programs that offer student loan repayment for nurses that are designed as recruitment and retention incentives. The programs vary widely regarding nurse type and repayment amounts. Many of the programs require multiple years of work in federally designated health professional shortage areas (HPSAs) or for nonprofit or government employers. Additionally, numerous states limit loan repayment programs to nurse practitioners (NPs), certified nurse midwives (CNM) and/or behavioral health providers. Non-Maryland state and federal programs are aggregated and summarized in Appendix F. Below are a few examples of the loan forgiveness programs for nurses at the state level.

Florida

The Florida Legislature established the Nursing Student Loan Forgiveness Program (NSLFP) in 1989 to encourage qualified personnel to seek employment in areas of the state where critical nursing shortages exist. The program provides funds to assist in the repayment of nursing education loans. From funds available, the program may make nursing education loan repayments of up to \$4,000 per year, per nurse enrolled in the program, for a maximum of four years. Applicant must:

- Be licensed as an LPN, RN, or APRN in the state of Florida
- Have loans incurred toward a nursing education
- Work full-time at a designated employment site.

Vermont

The Vermont Educational Loan Repayment Program for Health Care Professionals is funded by federal and state funds and is administered by the UVM Larner College of Medicine Office of Primary Care and Area Health Education Centers (AHEC) Program. The purpose of this loan repayment program is to respond to the workforce shortage of certain health professionals in Vermont, thereby increasing access to health care for underserved populations and communities.

Current educational loan debt must exceed \$10,000. Awards include up to \$6,000 in state funds per year. State awards may be enhanced by employer or community matching funds. Awards go directly to pay educational loans. Eligibility includes employment as a nurse (RN or LPN) at an eligible work site. Based on identified state priorities and reduced program funding, eligibility is limited to nurses delivering direct care in nursing homes, long-term care, home health, state public health, mental health, behavioral health, and substance abuse settings.

Texas

The Rural Communities Health Care Investment Program (RCHIP) is administered by the Texas State Office of Rural Health (SORH) and the Texas Department of Agriculture (TDA). The SORH awards \$10,000 of student loan repayment to eligible, non-physician, licensed healthcare providers in response to the recruitment and retention needs of medically underserved areas (MUA) in Texas. Selected participants must agree to work, and complete, a 12-month service obligation in a qualifying community to receive the student loan repayment. Licensed, non-physician healthcare providers practicing in a Texas county with a total population of 50,000 or less may apply.

Federal Programs/ Availability of Other Federal Grants

There are several nurse loan repayment programs at the federal level, each with its own criteria and requirements. Federal nurse repayment programs are available for individual application and include: Nurse Corps Loan Repayment Program (NCLRP), National Health Service Corps (NHSC) Loan Repayment Program, Perkins Loan Cancellation and Military Student Loan Forgiveness for Nurses. Some nurses also have access to the Public Service Loan Forgiveness Program.

[Nurse Corps Loan Repayment Program](#) (NCLRP) - The Nurse Corps Loan Repayment Program is for APRNs, RNs, nurse faculty (educators) who work in underserved communities at critical shortage facilities. Applications are accepted once a year. The NCLRP supports registered nurses, advanced practice registered nurses, and nurse faculty by paying up to 85% of their unpaid nursing education debt.

[National Health Service Corps Loan Repayment Program](#) (NHSC) - The NHSC Loan Repayment Program is another loan forgiveness option for APRNs like nurse practitioners, certified nurse-midwives, and other types of primary care clinicians that work at least two years in a Health Professional Shortage Area (HPSA).

[Perkins Loan Cancellation](#) - The Perkins Loan is commonly used by teachers, but nurses can be eligible too. A full-time nurse can be eligible to have 100% of their federal loans completely forgiven if they have five years of eligible services. Full-time nurses who received Perkins loans before 2017 and have worked for five consecutive years in a healthcare professional-shortage area may be eligible.

[Military Student Loan Forgiveness for Nurses](#) - In exchange for enlisting in the United States Army, nurses can qualify for up to \$120,000 to repay nursing loans in exchange for a minimum of three years of service to the Army. In addition to the repayment funds, nurses can also earn sign-on bonuses for enrolling in the program. There are also options for Army reserve loan forgiveness, which provides part-time, local options for Army Reserve nurses.

[Public Service Loan Forgiveness](#) (PSLF) - If employed by a U.S. federal, state, local, or tribal government or not-for-profit organization, a nurse may be eligible for PSLF. The PSLF Program forgives the remaining balance on Direct Loans after making 120 monthly payments under a certain repayment plan while working full-time for a qualifying employer.

Currently, the State Loan Repayment Program is the only focused loan repayment program grant funds available to state programming. Further exploration and potential application of any programs available in the future could offer support for expansion of MLARP-NNSS.

Workgroup Recommendations

Under the direction of SB 696 (2022), the MLARP-NNSS Stakeholder Workgroup gathered pertinent information through each meeting and conducted research to formulate these final recommendations related to MLARP-NNSS. The Stakeholder Workgroup respectfully submits the following recommendations related to the future of MLARP-NNSS:

Incentives to Students

Methods to incentivize students to commit to practicing in medically underserved areas in the State before entering an educational program or on graduation.

Recommendation 1:

Utilize a singular online location to disseminate information about available

State-sponsored training and incentive programs. As noted above, Maryland supports a variety of training and incentive program opportunities for nurses and nursing support staff through several state entities such as the Department of Labor, Department of Health, and Higher Education Commission. The availability of and information about each of the workforce development programs should be marketed using one location so that potentially eligible individuals can easily access details relevant to their personal situation and needs regardless of the program administrator.

Recommendation 2:

Develop workforce programming across the educational continuum, high school through health professional training. As noted above, the provision of various program types along the training and workforce continuum are necessary to best build successful APRN, nursing, and nursing support staff recruitment pathways and to retain current staff. Programs should be an investment of the State and include the following characteristics:

- Build interest and attainability across all health care professions
- Support mentorship programming such as apprenticeships and clinical preceptorships
- Demonstrate incentive program priorities early and often
- Support training pathways that help keep the real and soft costs associated with training affordable and debt-free. For example, offer scholarships for tuition and programming/ stipends for supportive services for enrolled students (for example, full-time pay during part-time enrollment, transportation, housing, childcare).

Funding Priorities

Priorities for funding the repayment of education loans through MLARP for Nurses and Nursing Support Staff, including priorities relating to practice settings other than an “eligible field of employment,” as defined by § 24–1804 of the Health – General Article.

Recommendation 3:

Expand the MLARP-NNSS statute to allow individuals employed at for-profit long-term care facilities to be eligible for MLARP-NNSS. Long-term care serves Maryland’s vulnerable aging population and others with serious, ongoing health conditions or disabilities. Most of Maryland’s paid long-term care services, whether provided in a facility, community-based, or in-home, are provided by for-profit entities. The long-term care workforce continues to experience shortages in nurses and nursing support staff; therefore, it is important that the eligible field of employment for this particular setting is expanded. All other settings should remain as currently defined by § 24–1804 of the Health – General Article.

Recommendation 4:

Limit MLARP-NNSS eligibility to APRNs and nurses, dedicating a separate program for paid training opportunities for nursing support staff. The MLARP-NNSS Stakeholder Workgroup highly values the contributions of the nursing support staff recognized in the current MLARP-NNSS legislation. Based on the group’s experience and the evidence represented by the inaugural MLARP-NNSS application cycle, it is the group’s recommendation that nursing support staff (certificated medication technicians, certified medicine aids, certified nursing assistants, and geriatric nursing assistants) would be better served via paid training opportunities (e.g. scholarships and stipends) than educational loan repayment. Based on the lower cost of education and training, nursing support staff are not seeking educational loans at the same high rate as advanced practice nurses and nurses. The terms associated with the MLRP service obligation do not benefit this segment of the workforce the way a program to avoid debt could. The State should stand up a separate, non-loan repayment program to encourage nursing support staff workforce recruitment and retention.

Recommendation 5:

Utilize available data to guide future funding priorities of MLARP-NNSS. Currently, the State does not have a central database of available APRNs, nurses, and nursing support staff nor can it demonstrate via data the “priorities among the priorities” in terms of workforce shortages. The MLARP-NNSS Stakeholder Workgroup recognizes the same experience as the Commission to Study the Health Care Workforce Crisis in Maryland (2022) in that data regarding shortages is primarily available via individual practice site vacancy rates versus through a standard formula of healthcare workforce necessary to meet the needs of each community. MLARP-NNSS should continue to utilize legislatively driven eligibility criteria and the technical scoring process currently in use for MLARP-PPA and SLRP until broader APRN, nursing, and nursing support staff workforce data is available to guide funding priorities.

Permanent Funding Structure

Permanent funding structure for the Maryland Loan Assistance Repayment Program Fund for Nurses and Nursing Support Staff

Recommendation 6:

Invest in permanent General Fund appropriations for: 1.) educational loan repayment for APRNs and nurses and, 2.) paid training opportunities for nursing support staff in the Maryland State budget. A consistent State fiscal commitment will enable MLARP-NNSS to build and leverage additional future funding sources while maintaining program flexibility to meet Maryland's identified healthcare workforce needs (see Recommendation 10), independent of external federal or local resources.

As determining the appropriate level of ongoing General funds investment and that of other funding sources may take time, General Fund bridge funding to provide loan repayment and paid training opportunities in Fiscal Year 2025 should be included in legislative language.

Investing in healthcare workforce development is a key component of supporting necessary healthcare transformation throughout the state.

Recommendation 7:

Seek non-General Fund resources to supplement the MLARP Fund, ensuring a diverse revenue pool that is predictable and sustainable. The Stakeholder Workgroup discussed a variety of possible non-State funding sources, identifying that the initial focus of Fund development should be with potential philanthropic entities that share a similar vision for a robust and sustainable healthcare workforce in Maryland. This work could be initiated via grants, foundational giving opportunities, or tax filing donation.

Due to the wide variety of practice settings at which nurses and nursing support staff serve, an equitable employer match program or health facility assessments are not ideal first steps in the Fund development process. Also, due to current transitions and projects undertaken by the Maryland Board of Nursing, Board licensure fees are not the right fit as a non-General Fund resource at this time.

Structure of a Permanent Advisory Council

Recommendation 8:

Form a permanent advisory council using the MLARP-NNSS Stakeholder Workgroup membership as a foundation and expanding to include nursing community members and nurse educator/training program representation. Building on the success of the MLARP-NNSS Workgroup structure, a permanent advisory council should be developed to discuss and offer General Assembly recommendations regarding development of the nurse-focused Maryland Loan Repayment Program. Roles to be fulfilled include an

Advisory Chair and additional representatives such as potential, current, or past eligible nurses, and nurse educators of schools/programs of nursing. The overall responsibilities and implementation of the permanent advisory council will ensure that MLARP-NNSS can most effectively operate, and best incentivize healthcare providers to practice in underserved communities across Maryland. At least annually, the council should meet to discuss overall workforce development needs with the MLARP-PPA Advisory Council.

Additional Recommendations

Recommendation 9:

Amend the title of the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff to better represent the eligible licensures of the program. In conjunction with Recommendation 4, the name “Maryland Loan Assistance Repayment Program for Advanced Practice Registered Nurses and Nurses” more effectively represents the community of health professional licensures for which the program is designed. Based on the experience of the Workgroup, RNs and LPNs are generally referred to as “nurses,” however, APRNs tend not to describe their role as “nurse,” but as an “Advanced Practice Registered Nurse.” Amending the title will better describe the intended program audience, improving marketing ability for both employers and APRNs and nurses.

Recommendation 10:

Establish within State government a centralized data collection repository to regularly assess Maryland’s healthcare workforce supply and demand issues. In order to match advanced practice registered nurses, nurses, and nursing support staff with appropriate communities via provider incentive programs, robust and current workforce and population data is required. The establishment of a Statewide workforce data repository, funded independently from resources earmarked for loan repayment, will allow MLARP-NNSS and other state programs to:

- Identify a more detailed and comprehensive level of data to include full time equivalents, discipline level needs (e.g. advanced practice providers, nurses, and other licensed professionals), and specialty shortage information to build the ideal workforce to meet population needs over time;
- Focus on diversity, equity and inclusion, by collecting and analyzing data related to provider demographics such as race, ethnicity, gender, and language; and
- Further develop a diverse workforce to more effectively meet the healthcare needs of Maryland’s underserved/under-resourced populations.

A sustained and targeted healthcare workforce data collection system will require collaboration between State agencies, including licensing bodies and the Maryland Commission on Health Equity. This can result in more freely shared resources and the

development of a comprehensive model to evaluate the healthcare workforce in Maryland.

Recommendation 11:

Invest in an electronic application system for the Maryland Loan Repayment Programs.

Currently, MLRP utilizes a manual application submission process, requiring applications and follow-up award documentation be submitted via e-mail. To best encourage application, improve customer service, and ensure information security and integrity, it is vital that the program develops an online portal for application and participant process management. Initial build and ongoing maintenance investments should be appropriated via General Funds as a support of Maryland healthcare workforce.

Recommendation 12:

Invest in a permanent General Fund appropriation for the administration of State-level workforce development activities.

The MDH Office of Health Care Workforce Development requires adequate funding to appropriately administer the programs under its auspices, including MLARP-NNSS. Administrative tasks include program management, marketing, customer service, application and award cycles, data collection and analysis, monitoring and evaluation, and reporting. Appropriately staffing workforce development initiatives is vital to ensuring quality, efficiency, and sustainability of programs.

Conclusion

The development and passing of SB 696 (2022) demonstrate the General Assembly's commitment to achieving healthcare access across Maryland. The members of the Stakeholder Workgroup are appreciative of the opportunity to examine and offer recommendations related to strengthening MLARP-NNSS and the Maryland healthcare provider workforce through its work from the interim report to this final reporting.

Recommendations resulting from the Workgroup's research and conversations reflect the broad need for sustained State level attention to the topic of healthcare workforce development to further transform Maryland's healthcare system to best serve every Marylander's health needs. This report focuses on the loan repayment aspect of student incentives and only brushes the surface regarding the necessary scope of workforce development programming needed to increase the supply of advanced practice registered nurses, nurses, and nursing support staff to serve Marylanders. It should be used hand-in-hand with the variety of other discussions on this topic that have been taking place over the past several years throughout the state to build a comprehensive strategic plan for addressing healthcare workforce needs.

Appendices

Item	Title
A	National Health Service Corps State Loan Repayment Program (SLRP)
B	Background: APRN, Nurse, and Nursing Support Staff Education and Pathways
C	Maryland Loan Repayment Programs Marketing One-Pager
D	MLARP-NNSS Stakeholder Workgroup Meeting Summaries
E	Loan Repayment Programs Summary: Federal and Other States

Appendix A

: State Loan Repayment Program

Insert <https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/nhsc-slrp-fact-sheet.pdf>
in PDF version.

Appendix B

Background: APRN, Nurse, and Nursing Support Staff Education and Pathways

Advanced Practice Registered Nurses (APRN)

In the Maryland APRN model, there are four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified registered nurse practitioner (CRNP). APRN education consists of a broad-based education, including three separate graduate-level courses in advanced physiology/ pathophysiology, health assessment, and pharmacology as well as appropriate clinical experiences. Individuals who have the appropriate education sit for a certification examination to assess national competencies of the APRN core role and at least one population focus area of practice for regulatory purposes. Individuals must complete a Board-approved graduate-level APRN program culminating in a master's degree or post-master's certificate before applying for APRN certification in Maryland. Program lengths are approximately 2 to 3 years for Masters of Science in Nursing (MSN) and 3 to 4 years for Doctor of Nursing Practice (DNP). APRNs are licensed as independent practitioners in Maryland.

Certified Registered Nurse Practitioner (NP or CRNP) - The NP is a member of the health delivery system, practicing autonomously in areas as diverse as family practice, pediatrics, internal medicine, geriatrics, psychiatry, acute care, and women's health. The CRNP is prepared to diagnose and treat patients with undifferentiated symptoms as well as those with established diagnoses.

Certified Nurse Midwife (CNM) - The certified nurse-midwife provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn.

Certified Registered Nurse Anesthetist (CRNA) - The Certified Registered Nurse Anesthetist is prepared to provide the full spectrum of patients' anesthesia care and anesthesia-related care for individuals across the lifespan. CRNAs must obtain a DNP to practice.

Certified Nurse Specialist (CNS) - The CNS is responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities.

Nurses (Registered Nurses and Licensed Practical Nurses)

Registered Nurse (RN) - There are two predominant pathways to becoming an RN. The first option is completing an associate nursing degree (ADN), available at 15 community colleges in Maryland. This pathway is an average of three years (65 to 70 credits) and includes coursework in general education and in nursing. Graduates are eligible to take the registered nurse licensing examination. Associate degree RNs are prepared to function as caregivers in a variety of

settings, and to work with other professional nurses and members of the health care team in planning and implementing comprehensive health care. Alternately, RNs can earn a Bachelors of Science in Nursing (BSN) by completing a full four year degree program.

After completing an ADN and passing the licensure exam the nurse can complete coursework to obtain a BSN and continue working as a registered nurse (usually with more employment opportunities and higher pay) without need for an additional licensure exam. A continuing BSN course can be completed in about two years.

Licensed Practical Nurse (LPN) - LPN students complete a 12 to 18 month program (40-60 credits) to be eligible for licensure as an LPN. The LPN is prepared to function as a direct caregiver under the supervision of other licensed health professionals, primarily in structured settings such as hospitals, nursing homes and chronic care facilities. Thirteen of the 14 Practical Nursing Programs in Maryland are provided in community colleges. Twelve of these programs are designed to be one year in length, after the completion of a year of prerequisite courses, and allow the graduates to finish the Associate Degree registered nurse program in an average of one additional year.

A Maryland statewide nursing education articulation agreement among all public and some private nursing programs is in effect. The goal of the Maryland statewide education articulation agreement is to minimize barriers to educational advancement for nurses, thereby encouraging nurses to reach the highest possible level of education.

Nursing Support Staff (CNA, GNA, CMA, CMT)

Certified Nurse Assistant (CNA) - The CNA certification is the basic foundation of certification for nursing support staff. Any other certifications are in addition to the CNA certification. The CNA certification must be completed first or in conjunction with any additional certification. This certification course can range from 4 to 12 weeks. A minimum of 100 hours of instruction with at least 60 hours devoted to didactic instruction and classroom laboratory practice and 40 hours devoted to clinical training experiences in a clinical facility are required.

Geriatric Nurse Assistant (GNA) - The GNA is an additional certification to CNA that can be taken in conjunction with or after the CNA certification course. The GNA certification course can range from two to four weeks. A Geriatric Nursing Assistant examination is required. This certification is required to work in licensed comprehensive care facilities.

Certified Medicine Aide (CMA) - Once an individual has at least one year of experience as a CNA/GNA they can pursue a certified medicine aide certification. The certification requires a 60-hour course with a minimum of 30 hours devoted to theoretical instruction and a minimum of 30 hours of supervised clinical training experience in a licensed facility. After completion of the course, the professional can administer medications in a licensed comprehensive care facility.

Certified Medicine Technician (CMT) - This course is designed for persons who wish to administer medication in the home or in assisted living facilities under the delegation or supervision of a registered nurse. This course is a 20-hour program. This course may be taken to supplement a home health aide certification.

Appendix C

Insert MLRP Informational Sheet

Appendix D

MLARP-NNSS Stakeholder Workgroup Meeting Summaries

Meeting Date	Attendees	Meeting Summary
November 14, 2022:	<p>Workgroup Members: David Davis, Karen Evans, Nayna Philipsen, Loraine Arikat, Joseph DeMattos, Jr., Jane Krienke, Lesley Flaim, Allison Roenigk Ciborowski, Denise Gilmore, Nicole Lollo, Shamonda Brathwaite</p> <p>MDH Staff: Sara Seitz, Sadé Diggs</p> <p>Additional Attendees: Senator Addie Eckardt, Amberly Holcomb (Department of Legislative Services), David Tresfger (Population Health, Atlantic General Hospital), Eboni Adams (Mid-Atlantic Funding Association of Community Health Clinics), Hope Morris, Iman Farid (Maryland Board of Nursing), June Chung (Department of Legislative Services), Lori Lee (Tidal Health, Inc.), Carrie Anna Jacobs, Lindsay Rowe (Department of Legislative Services), Jacqueline Patterson (Maryland Nurses Association), Kimberly Hiner (Department of Health)</p>	<ul style="list-style-type: none"> Welcome/Introductions and Roll Call Opening Remarks Review of Statutory mandate and Timeline <ul style="list-style-type: none"> Presented statutory mandate. Provided timeline including mandated reporting to General Assembly. Work Plan for Deliverables <ul style="list-style-type: none"> Recommended work plan draft presented. MHD drafted interim report. Drafted work plan chart provided for workgroup and discussion. Discussed Chair selection, subgroups, meeting schedule/frequency/length.
December 12, 2022:	<p>Workgroup Members: Nayna Philipsen, Loraine Arikat, Jane Krienke, Lesley Flaim, Allison Roenigk Ciborowski, Denise Gilmore, Shamonda Brathwaite, Holly Trice</p> <p>MDH Staff: Sara Seitz, Sadé Diggs, Kimberly Hiner</p> <p>Additional Attendees: Amberly Holcomb (Department of Legislative Services), Iman Farid (Maryland Board of Nursing), June Chung (Department of Legislative Services), Lindsay Rowe (Department of Legislative Services), Jacqueline Patterson (Maryland Nurses Association)</p>	<ul style="list-style-type: none"> Introduction to the Maryland Loan Repayment Programs Discussed Final Report and Recommendations <ul style="list-style-type: none"> Areas of Research Incentive Program recommendations MLARP funding priorities Permanent funding structure Next Steps <ul style="list-style-type: none"> Established workgroup meeting schedule/frequency/length Decided to discuss nurses and nursing support staff separately. Focus next meeting on funding priorities.
January 23, 2023	<p>Workgroup Members: David Davis, Karen Evans, Loraine Arikat, Joseph DeMattos, Jr., Jane</p>	<ul style="list-style-type: none"> Updated workgroup on Interim Report, document sharing process and workgroup webpage. Discussed Other Program Offerings

	<p>Krienke, Allison Roenigk Ciborowski, Nicole Lollo, Holly Trice</p> <p>MDH Staff: Sara Seitz, Sadé Diggs, Kimberly Hiner</p> <p>Additional Attendees: Iman Farid (Maryland Board of Nursing), Lindsay Rowe (Department of Legislative Services)</p>	<ul style="list-style-type: none"> • Loan Repayment plans in other States • National Average Student Debt • Appropriate Award Amounts and Service obligation Length for MLARP-NNSS • Funding Priorities; included information of federal shortage designations <ul style="list-style-type: none"> ▪ Reviewed 2023 budget allocations ▪ Potential priority areas were noted <ul style="list-style-type: none"> ◊ In addition to rural areas of the state, urban areas ◊ Long term care (direct care roles for CNAs, GNAs, as well as LPNs and RNs) ◊ Service to older adults ◊ Hospice care (RNs) ◊ Addictions services ◊ Public health ◊ Discuss expansion to for-profit facilities in future recommendations • Gather data/evidence in support of priority areas and submit relevant resources and data
February 27, 2023	<p>Workgroup Members: David Davis, Karen Evans, Nayna Philipsen, Loraine Arikat, Jane Krienke, Lesley Flaim, Denise Gilmore, Nicole Lollo, Holly Trice</p> <p>MDH Staff: Sara Seitz, Sadé Diggs, Kimberly Hiner, Alphius Sesay</p> <p>Additional Attendees: Iman Farid (Maryland Board of Nursing), Cam T (Constituent), Dima Salloum (Constituent), LG (Constituent)</p>	<ul style="list-style-type: none"> • Major topics discussed: <ul style="list-style-type: none"> ▪ 2023 Application Cycle and Application Review ▪ Funding Priorities and Support Evidence • Discuss Permanent funding structures • Submit relevant data/research by email • Disseminate LMRP application cycle announcements widely
March 27, 2023	<p>Workgroup Members: David Davis, Loraine Arikat, Joseph DeMattos, Jr., Jane Krienke, Lesley Flaim, Denise Gilmore, Nicole Lollo, Holly Trice, Rhonda Scott</p> <p>MDH Staff: Sara Seitz, Sadé Diggs, Kimberly Hiner</p> <p>Additional Attendees: Iman Farid (Maryland Board of Nursing)</p>	<ul style="list-style-type: none"> • Major topics discussed: <ul style="list-style-type: none"> ▪ 2023 Application Cycle (3/1-4/15/2023) ▪ Funding Priorities and Support Evidence ▪ Permanent Funding Structures <ul style="list-style-type: none"> ◊ Discussed vision for MLARP ◊ Populate shortage areas of state with health care professionals ◊ Leverage federal funding resources effectively ▪ Priority Tiers for Permanent Funding Structure Recommendations

April 24, 2023	<p>Workgroup Members: Joshua Harrold, Jane Krienke, Lesley Flaim, Denise Gilmore, Nicole Lollo, Jennifer Knapp, Iman Farid</p> <p>MDH Staff: Sara Seitz, Sadé Diggs</p> <p>Additional Attendees: Lindsay Rowe (Department of Legislative Services), Amberly Holcomb (Department of Legislative Services)</p>	<ul style="list-style-type: none"> Major topics discussed: <ul style="list-style-type: none"> Review of Workgroup Vision for MLARP NNSS <ul style="list-style-type: none"> Workgroups vision reviewed Note to diversity the pipeline and encourage to help underserved “Permanent” funding is key part of vision Recurring topic of faculty and clinical preceptorship; discuss how this fits into MLARP and funding priorities. Review of Workgroup Progress Against Statutory Mandates/Work Plan Next Steps/Necessary Resources <ul style="list-style-type: none"> Discussed remaining areas of necessary research Workgroup with provide noted areas of information for future meetings Research groups will report updates August meeting will be time to draft report Now is time to get other constituents involved
May 22, 2023	<p>Workgroup Members: Loraine Arikat, Jane Krienke, Denise Gilmore, Nicole Lollo, Jennifer Knapp, Rhonda Scott, David Davis, Holly Trice</p> <p>MDH Staff: Sara Seitz, Kimberly Hiner</p> <p>Additional Attendees: Amberly Holcomb (Department of Legislative Services), Diana Hsu (Maryland Hospital Association), and Iman Farid (Maryland Board of Nursing), Cindy Smalls</p>	<ul style="list-style-type: none"> Discussion Research Group Report-Outs <ul style="list-style-type: none"> Gather/assign data to support the potential funding priorities Nursing support staff and LPN educational loan debt; Maryland to specific: <ul style="list-style-type: none"> Funding/resources regarding nursing loan repayment program sin others states Incentivizing Students to Practice in underserved Areas <ul style="list-style-type: none"> Have students consider serving in underserved areas before starting education or upon graduation MDH Offered to spring in speakers for future meeting
June 26, 2023	<p>Workgroup Members: Loraine Arikat, Jane Krienke, Denise Gilmore, Malinda Duke, Rhonda Scott, David Davis, Holly Trice, Lesley Flaim, Sarah Hemming, Joseph DeMattos</p> <p>MDH Staff:</p>	<ul style="list-style-type: none"> Incentivizing Students to Practice in underserved Areas <ul style="list-style-type: none"> Western Maryland Hospital: pays for education in exchange for five year commitment

	<p>Alphius Sesay, Shirrell Owens</p> <p>Additional Attendees: Amberly Holcomb (Department of Legislative Services), Iman Farid (Maryland Board of Nursing), Rose Pagano (MDH intern), Eden Adhanom (MDH intern), Lindsay Rowe (Department of Legislative Services)</p>	<ul style="list-style-type: none"> ▪ Support students with full time pay when working part time When enrolled in health profession training/education ▪ Provide support services/stipend for unmet needs during training/education ▪ Programs required large investment to ensure success ▪ Package scholarships, loan repayment and supportive programs for students ● Permanent Funding Structure <ul style="list-style-type: none"> ▪ Explore funds available within the Maryland Department of Labor ▪ Board of Nursing contribution Options: an increase in licensure/renewal fees could provide a portion of funding. ▪ Continue to explore other state funding structures\
July 24,2023	<p>Workgroup Members: Jane Krienke, Cindy Smalls, Nicole Lollo, Iman Farid, David Davis, Holly Trice, Loraine Arikat, Sarah Hemming, Nanya Philipsen</p> <p>MDH Staff: Sara Seitz, Kimberly Hiner, Shirrell Owens</p> <p>Additional Attendees: Amberly Holcomb (Department of Legislative Services), Lindsay Rowe (Department of Legislative Services), Mitzi Fishman (Maryland Board of Nursing), Scott Tiffin</p>	<ul style="list-style-type: none"> ● Discusses Legislative Report Outline ● Recommendations for MLARP for Nurses and nursing Support Staff. <p>Incentivizing Students to Practice in Underserved Areas</p> <ul style="list-style-type: none"> ▪ Identify/recruit students and offer scholarships and support to prevent need for loan repayment. ▪ Target recruitment to residents in underserved areas ▪ Provide services for unmet financial needs ▪ Support successful hospital pipeline/ incentive projects. ▪ Support other Maryland incentive programs <p>Priorities for Funding</p> <ul style="list-style-type: none"> ▪ Identified bedside nursing as critical shortage area ▪ Group discussed limitation s of eligible to Health Professional Shortage Areas (HPSAs) ▪ Consider for profit practice sites to address long-term care facilities. <p>Permanent Funding Structure</p> <ul style="list-style-type: none"> ▪ Funding structure development should include fiscal resources to support. ▪ Move to electronic application with proper security

		<ul style="list-style-type: none"> Consider administrative needs for program, staff and marketing the program <p>Other</p> <ul style="list-style-type: none"> State should provide centralized healthcare workforce data collection
September 25, 2023	<p>Workgroup Members:</p> <p>MDH Staff:</p> <p>Additional Attendees:</p>	<ul style="list-style-type: none"> Discusses Legislative Report Outline, including permanent funding structure and priorities. Continued discussion on workgroup's recommendations: Incentive for Students to Practice in Underserved Areas Permanent Funding Structure <ul style="list-style-type: none"> Actions focused on a legislative level to create/market more programs and provide funding Requesting funding to include administrative needs for the program and assist the MDH staff Seek philanthropic partners for funding Request general fun appropriation The Board of Nursing will not be able to contribute. Invest in an electronic application system Create a centralized data collection that extends across settings and populations. Next Steps <ul style="list-style-type: none"> Request funding for technical assistance for employers and applications Accept suggestions to streamline application process Request funding for marketing incentive programs Offer Scholarships/grants for GNA, NSS and CNAs Training programs for GNA/CAN at hospitals. Allow applicants to work in for profit facilities and long term care facilities Open enrollment to for profit facilities that are in underserved areas Define hospitals into three categories for technical scoring Define worksites in more detail for technical scoring

		<ul style="list-style-type: none"> ▪ Limit MLARP statues to participants that have nursing licensures.
October 16, 2023		Final Review of Report and Recommendations
October 2023		Vote of Report Acceptance for Submission, Review of Completed Work



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Appendix E

Loan Repayment Programs Summary: Federal and Other States