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Maryland Loan Assistance Repayment Program Advisory Council for Physicians and Physician Assistants

August 7, 2024

Agenda

I. Opening Business and Remarks

II. Program Updates

III. Discussion
   A. Profile and Impact Report: MLRP Applicants/Participants
   B. Competitive and Innovative Loan Repayment Models
   C. 2024 General Assembly Report

IV. Next Steps

V. Open Discussion with Public Comment

VI. Adjournment

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Introductions/ Roll Call

I. Workgroup Members
   1. Name
   2. Affiliation
   3. Interest in workgroup

II. Guests

Please note your name and affiliation, as relevant, in the chat box

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Administrative Reminders

Meeting Recording

Posted to workgroup webpage for 5/1/2024

Workgroup Webpage

https://health.maryland.gov/pophealth/Pages/MLARP-Advisory-Council-for-Physicians-and-Physician-Assistants.aspx

Google Share Drive

Shared to members; contact sara.seitz@maryland.gov if unable to access

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Mandated Activities

SB626 (2022), Article – Health – General §§ 24–1701 – 1708

The Council Shall:

(1) Seek permanent and diverse revenue sources to aid in the stability and further development of the Program;

(2) Help ensure maximum use of Federal funds;

(3) Use available data and information to help direct funding to priority areas;

(4) Monitor similar loan programs in other states and ensure that the Program remains competitive;

(5) Assist the Department in the administration of the Program;

Mandated Activities

The Council Shall:

(6) Help market and raise awareness of the Program through educational institutions and other appropriate entities as an incentive to health care providers to practice in underserved areas;

Administratively, the Council shall:

(1) Meet at least three times per year

(2) On or before October 1 each year, the Council shall report to the Governor and the General Assembly on the activities of the Council and recommendations on any necessary changes to the Program

MLARP Advisory Council (Living) Work Plan

Timeframe	Presentations/ Discussion	Mandate Area
Annual Cycle		
August	- Application cycle results - Preliminary profile of applicants/ awardees - Cement/ approve October 1 report for submission	- Assist in the administration of MLARP - Report to Governor & Legislature
October	- Marketing preparation/plan for winter implementation - Member marketing action steps	- Market and raise awareness of the Program - Monitor similar loan programs
February	- Evaluation plan review/ improvements - Application cycle preparation - Member action steps toward 10/1 report	- Direct funding to priority areas - Monitor similar loan programs - Maximize use of Federal funds - Direct funding to priority areas
May	- Revenue source review - Member action steps to expand revenue sources - Preliminary recommendations for 10/1 report	- Revenue sources - Direct funding to priority areas

Program Updates

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FY 2024 Application Cycle

- 659 applications received
  - Physician, physician assistant: 192
    - 52 ineligible (Examples: 23 incomplete, 20 current service obligation)
  - APRN, RN, LPN, nursing support staff: 467
    - 233 ineligible (Examples: 160 incomplete, 27 current service obligation, 25 practice site eligibility)

- 374 complete and eligible applications
  - Reviewed, tiered (SLRP eligible, primary care, emergency medicine, specialists (rural/non-rural), scored
  - Physician, physician assistant: 140
  - APRN, RN, LPN: 234

FY 2024 Application Cycle

- 190 awards offered
  - Physician, physician assistant: 92
  - APRN, RN, LPN: 98
- Funds obligated: FY25 and FY26

	FY25: Award Offers	FY25: Second Year Obligations	FY26: Award Offers	FY26: Second Year Obligations
SLRP	$662,967.20	$259,708.25	2025 app cycle	$662,967.20
MLARP PPA	$953,869.36	$1,440,438.75	2025 app cycle	$953,869.36
MLARP NNSS	$1,625,675.12	$1,376,761.50	2025 app cycle	$1,625,675.12
Total	$4,242,511.68	3,076,908.5		$4,242,511.68

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Annual Profile and Impact Report

- Annual profile of applicants and participants
- Impact of MLRP on participants and Marylanders
- Development during Summer following application/renewal cycle
- Aim for August/October preparedness to spur Council discussion and support Council's ability to fulfill its mandates for reporting year

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2024 Application/Award Offer Review

Office of Population Health Improvement

Katherine Davis, Minahil Cheema (MPower, UMD)

2024 Application Cycle: SLRP, MLARP PPA, MLARP NNSS

Applications & Award Offers	All Licensures (PPA & NNSS)	PPA		NNSS	
	#	#	%	#	%
Apps Received	659	192	29.1%	467	70.9%
Complete & Eligible	374	140	37.4%	234	62.6%
Awards Offered	190	92	Award Rate: 65.7%	98	Award Rate 41.9%

PPA: Physicians and Physician Assistants
NNSS: Nurses and Nursing Support Staff

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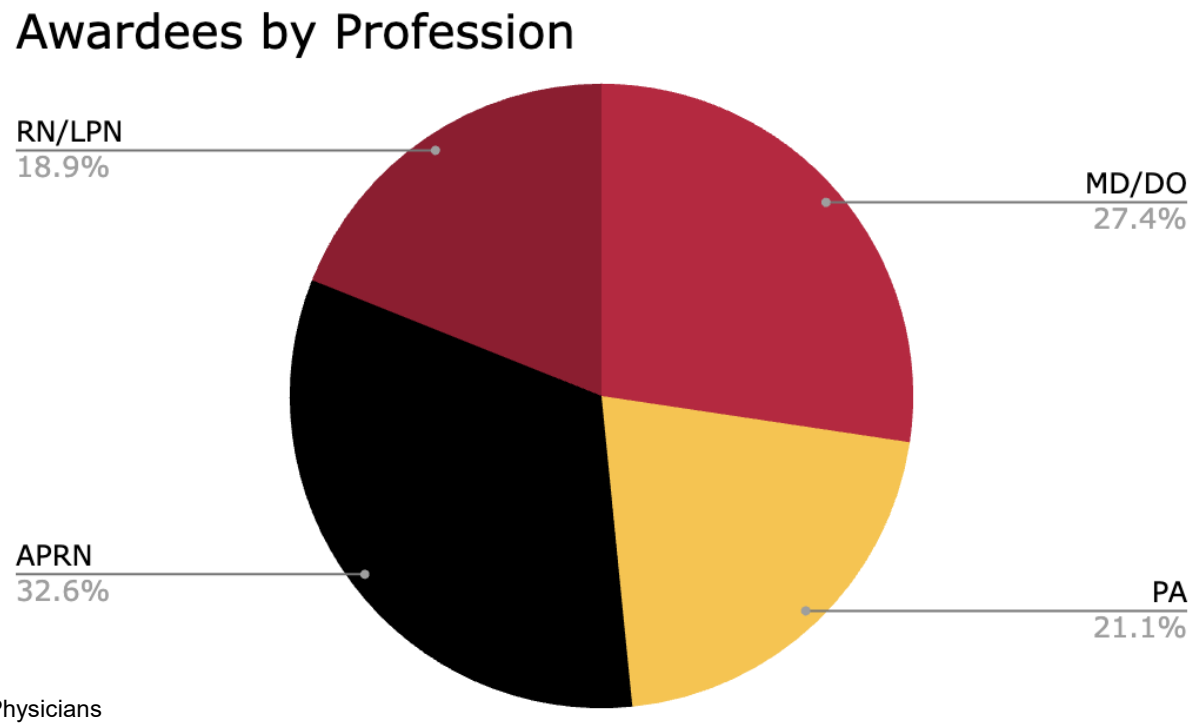
Award Offers by Profession



- MD/DO = Licensed Physicians
- PA = Physician Assistant
- APRN = Advanced Practice Registered Nurses, includes Certified Nurse Practitioners (CRNP), Certified Nurse Midwife (CNM), Nurse Anesthetist (NRNA), and Clinical Nurse Specialist (CNS)
- NNSS = Nurses and Nursing Support Staff includes nursing support staff (CMTs, CMAs, CAN, and GNAs), however, this awardee cycle there were no complete and eligible nursing support staff applications

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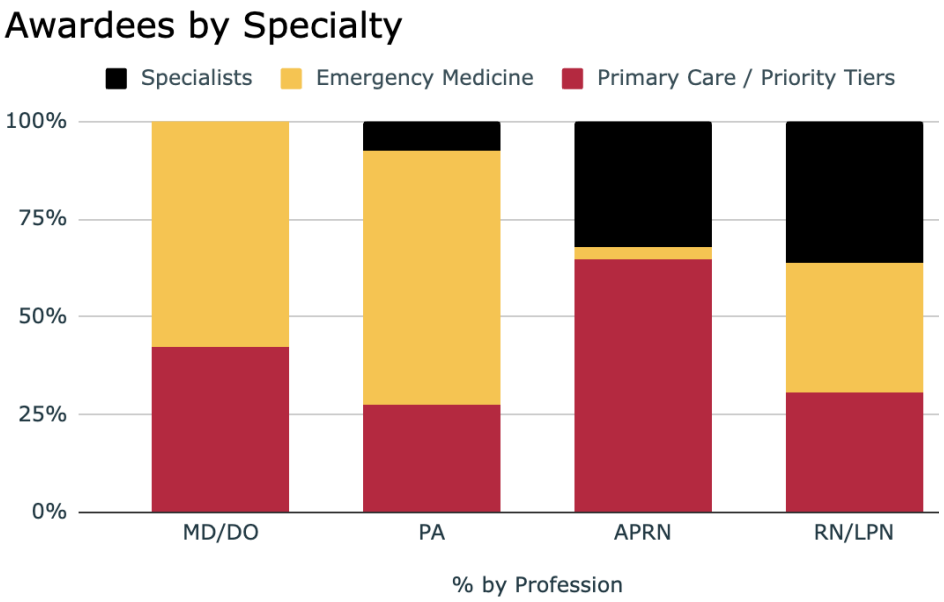
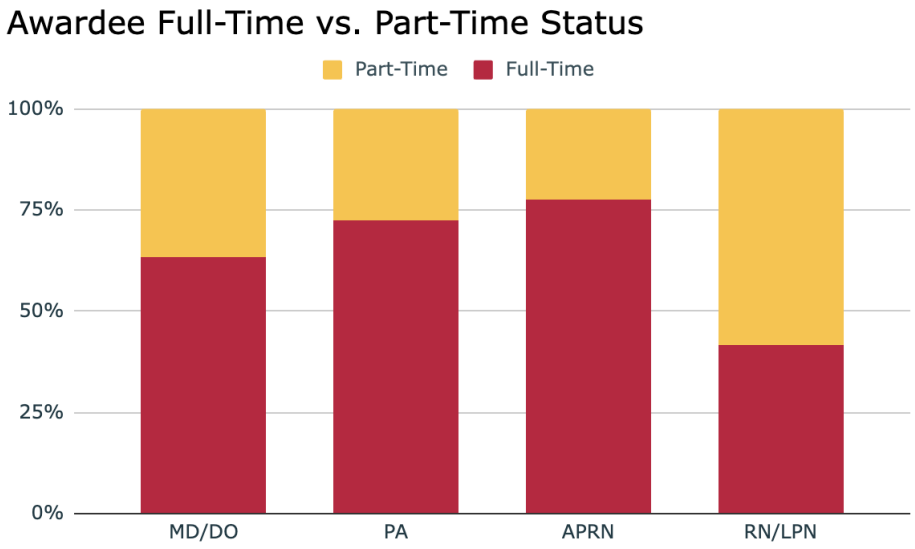
Award Offers: Specialty & Full-Time/Part-Time





- **Specialists**: Any practice not in primary care or priority tiers (inclusive of emergency medicine)
- **Emergency Medicine**: Practice in the ambulatory emergency department setting
- **Primary Care / Priority Tiers** combined, where Priority Tiers include Women's Health, pediatrics, and psychiatry

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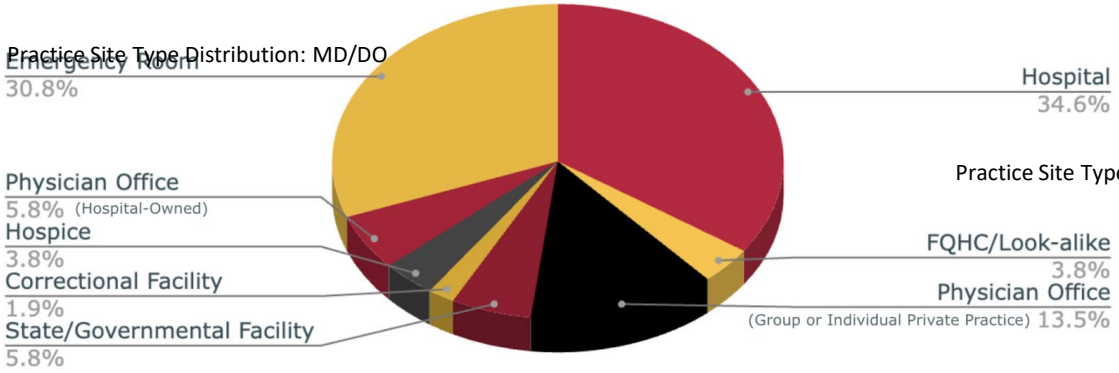
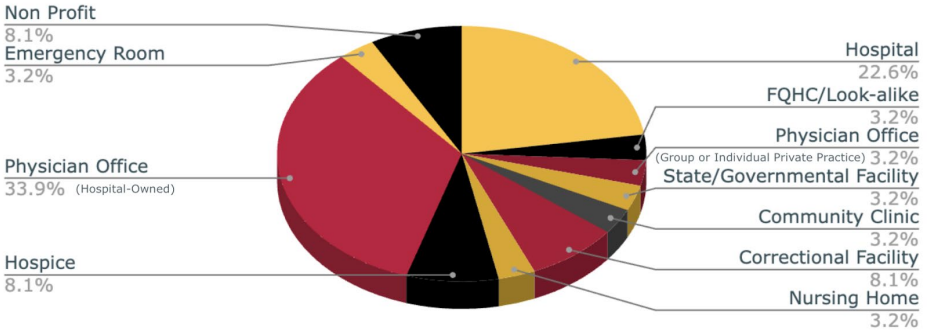
Award Offers: Practice Site Type Distribution

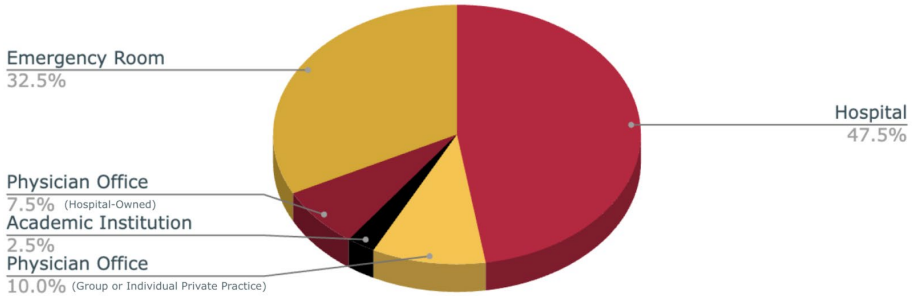
Practice Site Type Distribution: MD/DO



Practice Site Type Distribution: APRN



Practice Site Type Distribution: PA



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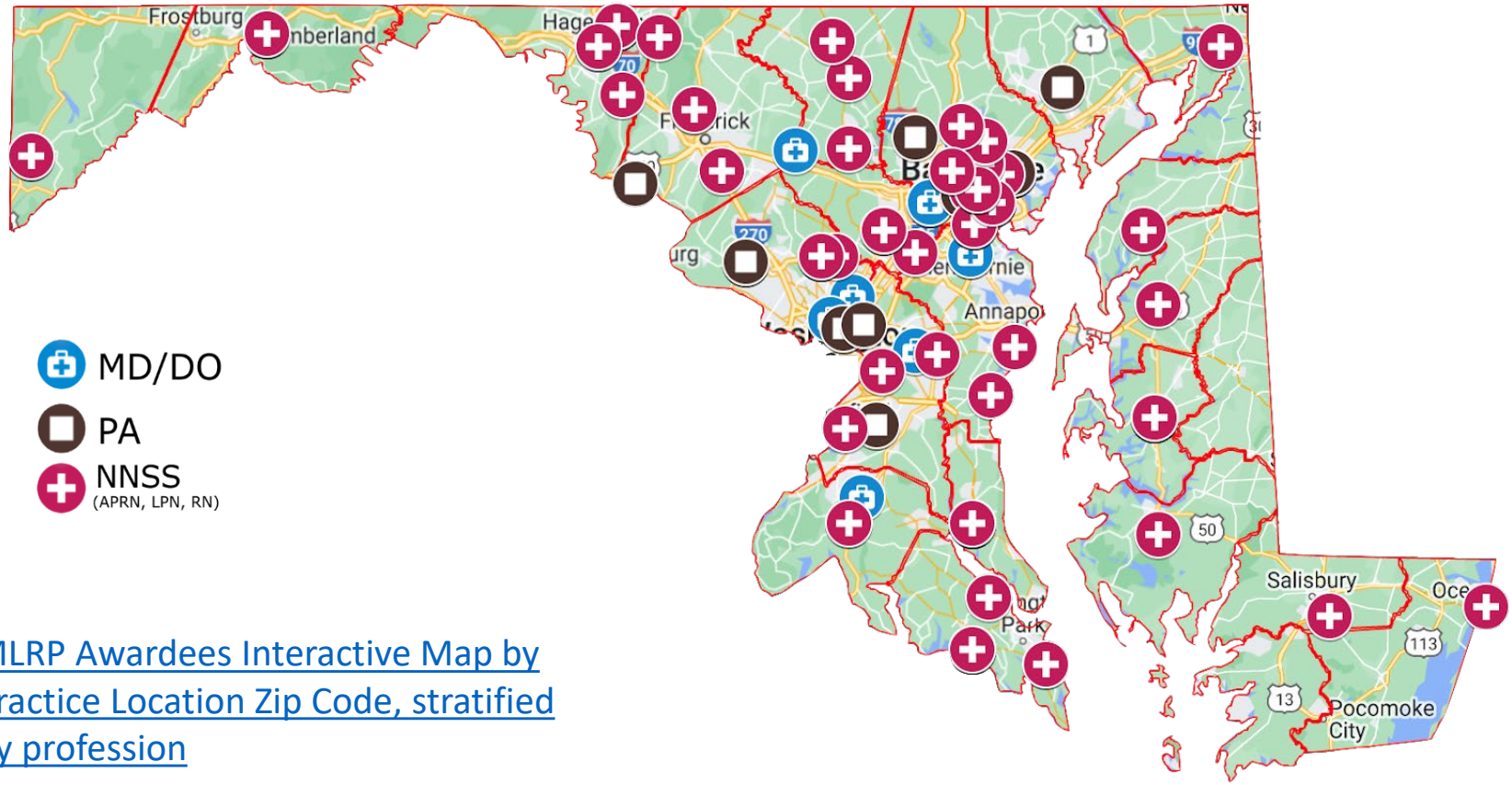
Award Offers: Geographic Distribution, by Profession



[MLRP Awardees Interactive Map by Practice Location Zip Code, stratified by profession]

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Award Offers: Total Amount Offered

Total Amount for Awards Offered:

(=1st and 2nd obligation year)

$ 8,485,023.35

Breakdown by Profession

MD/DO	$2,383,519.08
PA	$1,997,252.46
APRN	$3,459,473.28
RN/LPN	$644,778.53
Total	$ 8,485,023.35

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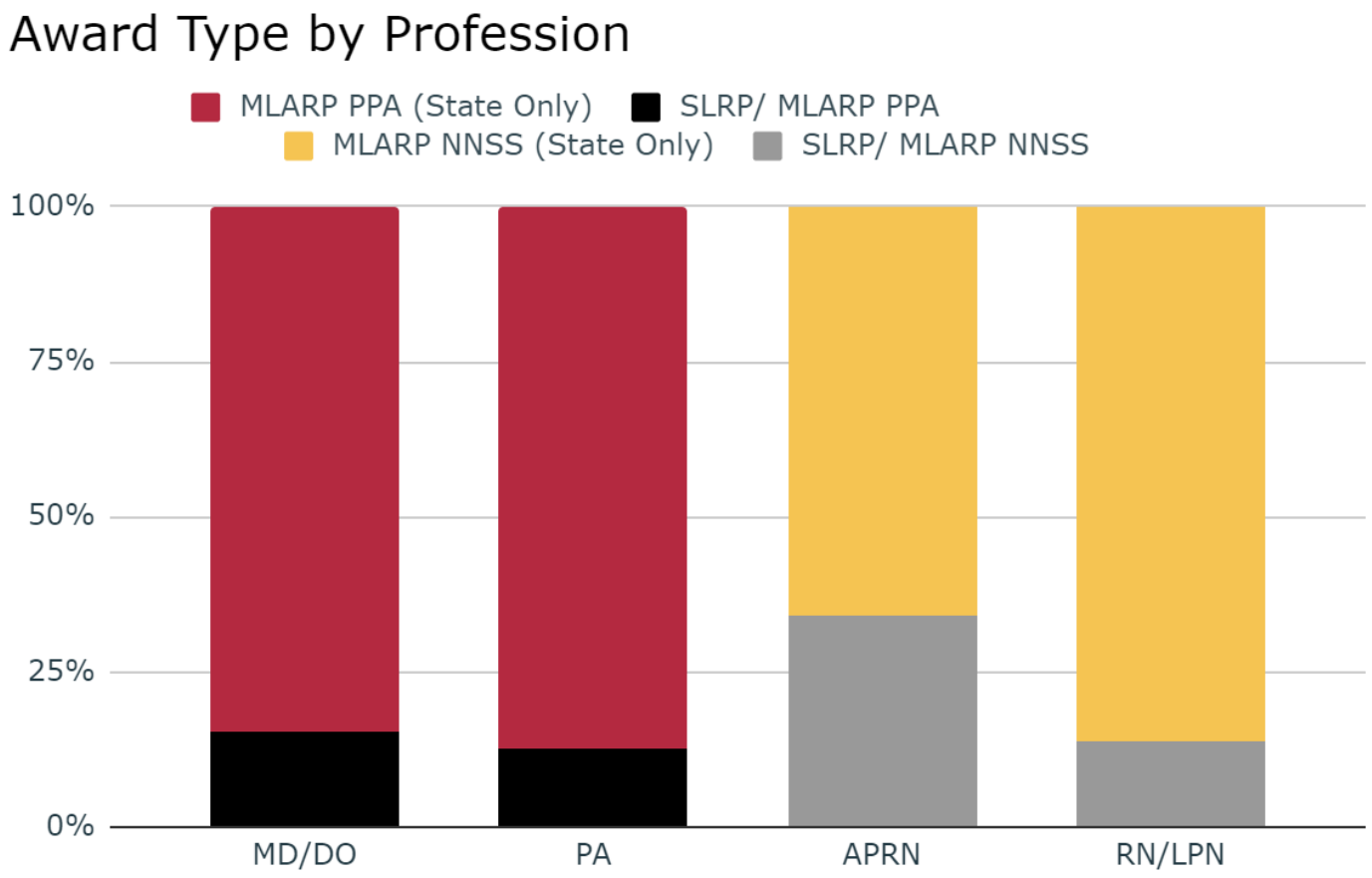
Award Offers: Funding Source, by Profession



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Award Offers: Cost to Fund All Applications

If all complete & eligible applicants were awarded, it would cost:

MD/DO	$2,828,519.08
PA	$3,621,724.31
APRN	$5,423,893.89
NNSS	$2,053,504.83
Total	$13,927,642.11

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Award Offers: Demographics

Age	**20-29** 14.1%	**30-39** 50.0%	**40-49** 24.5%	**50-59** 9.2%	**60-69** 2.2%
Gender	**Male**: 25.5%			**Female**: 74.5%	
Race	**White** 64.1%	**Black** 24.5%	**Asian** 9.8%	**American Indian/ Alaskan Native** 1.1%	**Hawaiian/Other Pacific Islander** 0.5%
Ethnicity	**Hispanic or Latino** 6.0%			**Non-Hispanic/Latino** 94.0%	

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Personal Statements: What Drives Applicants?

Providers identified advocacy, social responsibility, personal background, and community building as their top personal motivations. These providers are intentional when selecting their positions, looking for opportunities that can fulfill these drives.

"It has been an honor to treat patients in underserved communities because when I look at many of my patients, I see myself.... the daughter of immigrants who struggled to pay for food, utilities, and housing. Many of my patients express the joy and comfort that they feel when they realize that I will be taking care of them. Once a patient is comfortable with their medical provider, this results in increased compliance and ultimately improved overall health."

Personal Statements: What Applicants Give to the Communities They Serve

They seek to provide high-quality care by practicing cultural competency and compassionate care. They aim to help patients navigate healthcare systems through patient education and connection to resources. Above all else, they express a long-term commitment to serving the greatest need, improving health outcomes, and increasing healthcare access.

"In the emergency room, the most frequent problems I encounter include inability to access or afford medication, inability to establish care with a primary care doctor or specialist, housing instability, difficulties accessing substance recovery centers, among many more….I try to make social support a regular part of my medical practice and advocate for the patient with the social resources available in the hospital."

Questions?

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Discussion

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Council Recommendations: Profile and Impact Report

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Competitive and Innovative Loan Repayment Models

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2024 General Assembly Report

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2024 General Assembly Report

Feedback:

A. General Outline
B. Background
C. Activities
D. Recommendations

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Draft Recommendations

Recommendation 1: The State should incorporate workforce development benefits into the AHEAD Model. The goals of the Maryland Loan Repayment Programs closely align with the innovative Centers for Medicare and Medicaid Services payment model as they share the goal of improving health outcomes and ensuring equitable access to health care for all Marylanders. The Council recommends that negotiations with the Federal Government include authority for the Health Services Cost Review Commission to fund loan repayment through rate setting.

Recommendation 2: The General Assembly should broaden current MLARP PPA authorizing language to clearly allow and invite funding sources such as private contributions, employer match programming, special state funds (such as Cigarette Restitution Fund and cigarette tax revenue), and other sources such as potential augmentation from implementation of the AHEAD model (January 2026 implementation) and options for donations via the Board of Physicians' licensure renewals.

Draft Recommendations

Recommendation 3: The General Assembly should remove Article - Health – General §24–1706 which requires regulations establishing maximum # participants and minimum/maximum amount of award in each priority area. The intention of specific regulations related to minimum and maximum participants and amounts is unknown, and the instructions are unclear regarding individual or aggregate awards.

Recommendation 4: The General Assembly should alter the requirement for an annual MLARP Advisory Council for Physicians and Physician Assistants report; Article - Health - General §24–1708 (g) to require a report every three (3) years to better allow the Council to fulfill its mandates and provide robust reporting.

Draft Recommendations

Recommendation 5: The General Assembly and Governor should include an operational budget allocation to cover Office of Health Care Workforce Development staffing for recruiting and retaining Maryland's healthcare workforce. Ideally, authorizing language should specifically state this allowable function of the MLARP Funds, earmarking funds for administrative needs of the program.

Recommendation 6: MLRP/ the Department should consider incorporating a process to pre-approve eligible practice sites (similar to the U.S. Health Resources and Service Administration's National Health Service Corps), to more easily allow for broadening of the resource infrastructure and accommodate larger health system needs.

Next Steps

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Next Steps

- Meeting Schedule
  - Wednesday, October 2, 2024; 11:00 a.m. (Focus: Program marketing)
  - **Homework:**
    - Report activity, as discussed today
    - Review regulations draft upon availability/ provide comment
    - Review profile/impact report upon availability/ provide comment
- Action Steps
  - Members: Homework from above

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Open Discussion

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Questions: sara.seitz@Maryland.gov

Adjournment

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