

Health General § 24-1708(g) (MSAR # 14265)

**Maryland Loan Assistance Repayment Program Advisory Council
for Physicians and Physician Assistants: 2023 Annual Report**

As Required by Senate Bill 626 (2022)

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Maryland Loan Assistance Repayment Program Advisory Council Membership

Seat	Name
Chair of Health Services Cost Review Commission or designee	Allan Pack
Chair of Maryland Health Care Commission or designee	Melanie Cavaliere
President of Maryland Hospital Association or designee	Erin Dorrien
Dean of University of Maryland School of Medicine or designee	Donna Parker, M.D.
Dean of Johns Hopkins University School of Medicine or designee	Jessica Bienstock
President of MedChi or designee	Gene Ransom
Representative of the Maryland Primary Care Office	Elizabeth Vaidya
Representative of Maryland Board of Physicians	Damean Freas, D.O.
Representative of Maryland Academy of Physician Assistants	Rick Rohrs, PA-C

Advisory Council Leadership

Chairperson: Gene Ransom

Vice-Chairperson: Damean Freas

Advisory Council Staff

Sara Seitz, Lead Consultant, Office of Health Care Workforce Development, MDH

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

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

Introduction

The 2022 Maryland legislative session produced [Senate Bill 0626 \(SB 626 \(2022\)\)](#), in support of the existing Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants (MLARP PPA). The enrolled legislation clarified that part-time physicians and physician assistants are eligible for participation in MLARP PPA; authorized the Maryland Department of Health (Department) to establish prorated loan repayment assistance for part-time physicians and physician assistants; and established the Maryland Loan Assistance Repayment Program Advisory Council for Physicians and Physician Assistants (Advisory Council) to assist the Department in the administration of the Program. The Advisory Council shall report to the General Assembly on an annual basis, by October 1 of each year.

This report, “Maryland Loan Assistance Repayment Program Advisory Council for Physicians and Physician Assistants: Annual Report” documents the Advisory Council’s:

- Establishment process,
- Activities between the bill’s enactment (July 1, 2022) and the report’s deadline (October 1, 2023), and
- Recommendations to the Governor and General Assembly regarding necessary changes to MLARP PPA.

The report is submitted on behalf of the MLARP PPA Advisory Council membership in response to SB 626 (2022) requirements.

Background

Maryland Loan Assistance Repayment Programs

The Maryland Loan Assistance Repayment Programs (MLARP) serve as a healthcare workforce recruitment and retention tool, a means of incentivizing eligible healthcare professionals to practice in underserved areas of the state. MLARP offers professionals a total of \$100,000 in educational loan repayments in exchange for a two-year service obligation (dependent on licensure/certification). Three distinct funding sources support MLARP, including MLARP PPA, which has traditionally provided state matching funds for the federal National Health Service Corps State Loan Repayment Program, and the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff (MLARP NNSS).

MLARP PPA has been a state-funded resource for physician, physician assistant, and medical resident provider recruitment and retention since 1994. In 2020, administration of the program shifted from a shared responsibility between the Maryland Higher Education Commission (MHEC) and the Department to streamlined management centralized in the Department's Office of Health Care Workforce Development (Office), residing within the Office of Population Health Improvement, Public Health Services.

In addition to MLARP PPA, the Office administers the federally-funded National Health Service Corps State Loan Repayment Program (SLRP) (Appendix A). SLRP follows slightly different participant eligibility criteria, requiring eligible disciplines to serve their service obligation in a federally-designated Health Professional Shortage Area (HPSA) in traditional primary care specialties to include: Family Practice, Internal Medicine, Pediatrics, Geriatrics, Obstetrics and Gynecology, Psychiatry. Historically, physicians and physician assistants were the only eligible disciplines for SLRP in Maryland. In 2023, within the guidelines of SLRP, the program eligibility was expanded to also include certified registered nurse practitioners and certified nurse midwives.

Federal funds for SLRP are traditionally received by the state annually, on September 1, with a competitive grant application required every three (3) to four (4) years. The current SLRP award provides \$772,160 annually to Maryland (September 1, 2022 – August 31, 2025), which represents an increase from the longstanding annual \$360,000 federal award. For MLARP PPA, State law notes that if the Governor does not include in the State budget at least \$400,000 for the administration of MLARP PPA, the Comptroller shall distribute \$400,000 of the fees received from the Maryland Board of Physicians to MLARP. Recent state appropriations increased SLRP funding to \$4,000,000 and \$1,000,000 in fiscal years 2023 and 2024, respectively. Future appropriation funding amounts are unknown.

In addition to the enactment of SB 626 (2022) and expansion of MLARP PPA to part-time providers, the 2022 legislative session also featured establishment of MLARP for Nurses and Nursing Support Staff (MLARP NNSS) and the associated MLARP NNSS Fund. The initial funding for MLARP NNSS included \$1,000,000 and \$3,000,000, in fiscal years 2023 and 2024,

respectively. Much like the MLARP PPA workgroup noted below, an MLARP NNSS stakeholder workgroup is responsible for recommending a permanent funding structure for the program.

Annually, the Department facilitates the MLARP application cycle during which eligible healthcare professionals submit applications for educational loan repayment awards by established deadlines and MLARP PPA, SLRP, and MLARP NNSS funds are obligated to service obligations. The application process requires submission of documentation to verify program eligibility and to gather the appropriate information to facilitate technical scoring based on program priorities. Department reviewers validate application completeness and eligibility. Then, technical scoring is applied to each loan repayment program application.

Applications 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, based on discipline. 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-level funding allocations for that particular year. Funds are obligated for the first and second year awards to ensure that the full two-year service obligation can be funded.

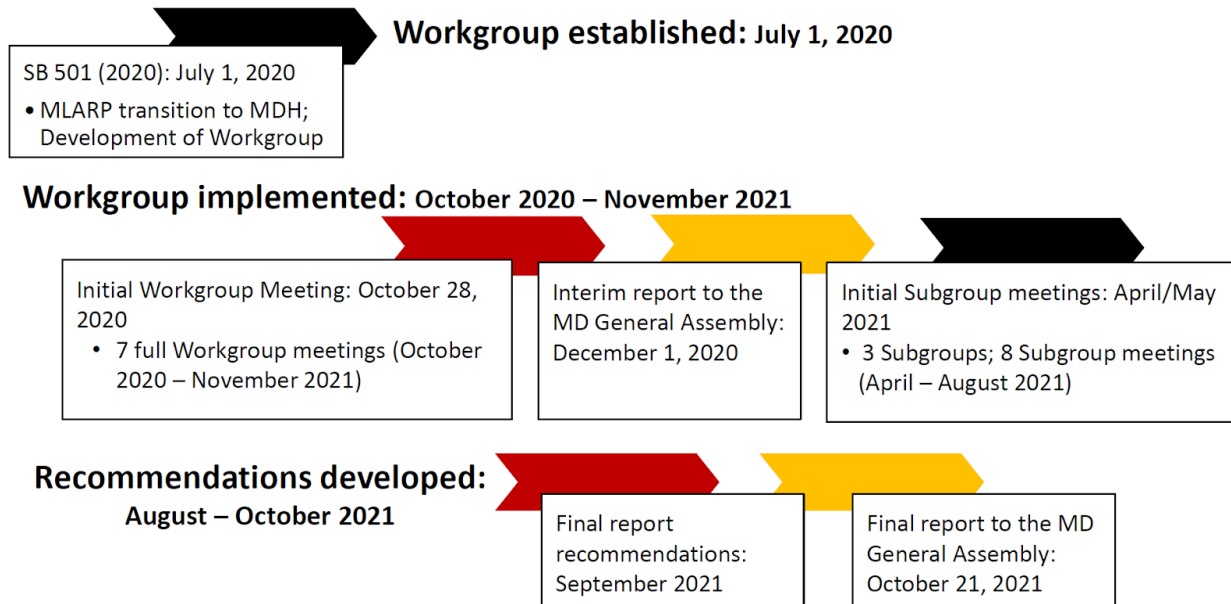
Upon offer of award, each loan repayment recipient signs a promissory note and service obligation agreement and submits educational loan verification documentation. This signature and verification documentation triggers payment of the first service year award. The Department has expedited payment to occur for most program participants within the first half of the service obligation year, which marks a shift from the process under joint MHEC/Department administration. Renewal of documentation at the start of the second-year service obligation allows for that year’s award to be released.

To operate MLARP, the Department supports two staff members via state general funds at a total of 0.7 full-time equivalent (FTE) for the administration of MLARP, the Conrad 30 (J-1 Visa Waiver) Program, and Tax Credits for Preceptors in Areas with Health Care Workforce Shortages Program. In response to program growth, the Department is using short-term SLRP administrative resources to fund a 1.0 FTE administrative specialist and temporary grant funding to fund a 1.0 FTE health policy analyst position to support the Office’s activities. The Office’s Lead Consultant (0.2 FTE) has provided staffing to the Advisory Council throughout its initial establishment.

MLARP PPA Workgroup

Preceding the establishment of the permanent Advisory Council, an MLARP Workgroup for Physicians and Physicians Assistants was facilitated in response to enacted Senate Bill 0501 (2020). Over the course of 2020 to 2021 (Figure 1), the Workgroup performed research and provided recommendations to the General Assembly regarding MLARP PPA via the Workgroup’s [final report](#).

Figure 1. MLARP PPA Workgroup Timeline, 2020-2021



Recommendations included the following:

Table 1. MLARP PPA Workgroup Recommendations, October 2021

MLARP Workgroup Recommendation	Method to Achieve
1. Invest in a permanent General Fund appropriation for healthcare workforce educational loan repayment in the Maryland State budget.	Budgetary Appropriation
2. Seek non-General Fund resources to supplement the MLARP Fund, ensuring a diverse revenue pool that is predictable and sustainable.	MDH Internal Policy
3. Invest in a permanent General Fund appropriation for the administration of State-level workforce development activities.	Budgetary Appropriation

4. Establish MLARP systems to regularly monitor and publicly report program outcomes.	MDH Internal Policy
5. Join 3RNet's multi-state Provider Retention & Information System Management program (PRISM) as a participating member.	MDH Internal Policy
6. Establish a centralized data collection repository to regularly assess Maryland's healthcare workforce supply and demand issues.	Statutory Change, Budget Appropriation
7. Expand program eligibility according to priority areas as determined by robust centralized data collection and analysis.	Statutory Change
8. Establish a regularly updated state-level data repository of health professions trainees in Maryland (i.e. students, resident, and fellows).	Statutory Change, Budget Appropriation
9. Form a permanent advisory council with responsibilities related to not just MLARP, but to the broader field of healthcare workforce development.	Statutory Change
10. Prescribe key members of the advisory board, using the MLARP Workgroup membership as a foundation and allowing for organic growth in additional positions.	Statutory Change

In response to the work of the MLARP PPA Workgroup, the Department was successful in drafting a monitoring and evaluation plan for MLARP, subscribing to 3RNET's PRISM (Attachment B), and expanding the eligibility for Maryland's use of SLRP funds.

MLARP PPA Advisory Council

SB 626 (2022) calls for the establishment of the permanent Advisory Council to assist in management of MLARP PPA and recommend how the State can improve the program. In compliance with SB 626 (2022), the Advisory Council membership consists of the following stakeholders:

- Chair of Health Services Cost Review Commission or designee
- Chair of Maryland Health Care Commission or designee
- President of Maryland Hospital Association or designee
- Dean of University of Maryland School of Medicine or designee
- Dean of Johns Hopkins University School of Medicine or designee
- President of MedChi or designee
- Representative of the Maryland Primary Care Office
- Representative of Maryland Board of Physicians
- Representative of Maryland Academy of Physician Assistants
- Any other determined necessary by the Secretary

Advisory Council appointments outreach began soon after the enactment of SB 626 (2022) and was finalized in October 2022. The initial meeting of the workgroup took place virtually on December 7, 2022 and was open to public attendance in accordance with the Maryland Open Meetings Act. During the meeting, the workgroup set forth a general meeting strategy and schedule for the 2023 calendar year and determined a process for operations development in addition to reviewing the key legislative mandates for the Advisory Council:

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;
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; and
7. Make recommendations to the Governor and the General Assembly on any necessary changes to the Program.

During the reporting period, July 1, 2022 – September 30, 2023, the Advisory Council met a total of four times (three meetings per year are required by the establishing legislation):

Table 2. MLARP PPA Advisory Council Meeting Dates and Activities, 2022/2023

Meeting Date	Activities
December 7, 2022	Review of statutory mandates, MLARP PPA program updates, discussion of Council Structure and meeting strategy
February 1, 2023	Review and discussion of Council Bylaws and Council Position Nominations/Voting drafts, confirmation of meeting schedule, and MLARP PPA program updates
May 3, 2023	Review and vote on Council Bylaws and Council Position Nominations/Voting drafts, nominations and voting for Advisory Council Chairperson and Vice-Chairperson, MLARP PPA program updates, and discussion regarding General Assembly report/recommendations
August 2, 2023	Application cycle results, discussion regarding General Assembly report/recommendations

At the time of this submission, further information regarding the Advisory Council, including meeting agendas, presentations, and recordings, can be found on the developed Advisory Council web page: <https://health.maryland.gov/pophealth/Pages/MLARP-Advisory-Council-for-Physicians-and-Physician-Assistants.aspx>. With the operational process of the Advisory Council in place, the Council will generally follow the calendar noted below moving forward:

Table 3. MLARP PPA Advisory Council Annual Meeting Strategy

Timeframe	Presentations/ Discussion	Legislative Mandate Focus
Annual Cycle		
October	<ul style="list-style-type: none"> - Marketing preparation/plan for winter implementation - Member marketing action steps 	<ul style="list-style-type: none"> - Market and raise awareness of the Program - Monitor similar loan programs
February	<ul style="list-style-type: none"> - Evaluation plan review/improvements - Application cycle preparation - Member action steps toward 10/1 report 	<ul style="list-style-type: none"> - Direct funding to priority areas - Monitor similar loan programs - Maximize use of Federal funds - Direct funding to priority areas

May	<ul style="list-style-type: none"> - Revenue source review - Member action steps to expand revenue sources - Preliminary recommendations for 10/1 report 	<ul style="list-style-type: none"> - Revenue sources - Direct funding to priority areas
August	<ul style="list-style-type: none"> - Application cycle results - Preliminary profile of applicants/ awardees - Cement/ approve October 1 report for submission 	<ul style="list-style-type: none"> - Assist in the administration of MLARP - Report to Governor & Legislature

Key Activities

The Advisory Council’s key activities and exploration during the initial reporting period are described below. The level of activity is expected to increase in future reports as the operational foundation of the Advisory Council required several of the first-year meetings and is now complete.

Seek Permanent and Diverse Revenue Sources

During the 2023 MLARP application cycle, MLARP PPA funds allowed for a record number of award offers to be made to physicians and physician assistants. However, more applications were received than prior cycles, resulting in higher demand for loan repayment than the current funding capacity can meet (Table 4):

Table 4. MLARP Application Results for Physicians and Physician Assistants, 2020-2023

Application Characteristics	MLRP Application Year			
	2020	2021	2022	2023
Total Applications	81	64	102	141
Complete Applications	75	37	93	126
Ineligible Applications	6	0	14	19
Award Offers	13	18	26	43
Non-Funded due to Funding Limitations	62	19	53	64

The 2023 application cycle attracted a total of 141 applications from physicians and physician assistants, of which 107 were determined to be complete and eligible for potential funding. With available funding (MLARP PPA and SLRP), the Department was able to offer loan repayment assistance to 43 providers based on priority tiering and technical scoring. A total of 64 providers were denied loan repayment due to funding limitations. The 43 award offers

represent \$3,154,023 obligated toward educational loan repayment for providers serving Maryland patients regardless of their ability to pay. To provide full awards to all complete and eligible applications, \$8,053,411 would be necessary (represents two-year service obligation).

In its meetings, the Advisory Council members discussed strategies to build a stable and permanent revenue foundation, contributing to the recommendations below.

Help Ensure Maximum Use of Federal Funds

Prior to establishment of the Advisory Council, members of the MLARP PPA Workgroup signed a letter in support of the Department's April 2022 application to U.S. Health Resources and Services Administration Notice of Funding Opportunity HRSA-22-048, State Loan Repayment Program. As noted above, in response to the federal SLRP application, the Department was awarded an increased funding amount, resulting in improved loan repayment capacity. The Advisory Council is actively monitoring the outcomes of expanded program eligibility and spending of the HRSA-22-048 budget awards. For example, in addition to 10 physicians and physician assistants offered SLRP loan assistance as a result of the 2023 MLARP application cycle, eight (8) advanced practice nurses were offered an award in this application cycle.

Assist in Administration of the Program

As noted above, the MLARP PPA Workgroup recommended the Department subscribe to the network and services provided under the 3RNet's PRISM . In support of this activity, an Advisory Council member organization is engaged in the PRISM bi-monthly national call alongside with Department staff.

Help Market and Raise Awareness of the Program

Professionally designed marketing materials (Appendix C) were developed during the report period, with Advisory Council members' input. The Advisory Council will provide advice and assistance in dissemination of the marketing tools, starting with a discussion at the October 2023 Advisory Council meeting.

Advisory Council Recommendations

Under the direction of SB 626 (2022), the Advisory Council respectfully submits the following recommendations related to the future of MLARP:

Permanent Funding Structure

To best meet the ongoing healthcare needs of Maryland, the state needs to operate a robust loan repayment assistance program. MLARP PPA needs a recurring source of funding for loan repayment. Previously, the Health Services Cost Review Commission (HSCRC) received notification from the Center for Medicare and Medicaid Innovation on the use of the State's all-payer rate setting system to fund the MLARP as inconsistent with the Medicare waiver agreement and fails to comply with the terms of the Maryland Total Cost of Care (TCOC) Model State Agreement. However, the TCOC Model is currently under review for renegotiation.

Recommendation 1: The State should work as part of the Maryland TCOC Model negotiations with the Federal Government to include authority for the HSCRC to explore funding loan repayment through rate setting.

Recommendation 2: The State should work with the Federal Government to allow for use of Medicaid funds for this purpose.

Recommendation 3: The General Assembly and Governor should include a mandatory operational budget allocation of at least \$8,000,000.

Operational Structure

To be successful, the MLARP PPA must be supported by a fully developed infrastructure that is data driven with an appropriately sized staff to operate an effective loan repayment program that increases provider recruitment and retention, and ultimately improves access to healthcare for all Marylanders.

The establishment of a Statewide workforce data repository, funded independently from resources earmarked for loan repayment, would allow MLARP PPA and other state programs to:

- Identify a more detailed and comprehensive level of data to include full time equivalents, discipline level needs (e.g. physicians, advanced practice providers, other licensed practitioners), and shortage data across practice settings;
- Establish loan repayment priorities focused on healthcare access issues due to provider network adequacy, therefore more effectively meeting the healthcare needs of Maryland's underserved/under-resourced populations.
- Build a diverse workforce to meet changing population needs over time.

Recommendation 4: The General Assembly should establish and support a centralized data collection repository to regularly assess Maryland's healthcare workforce supply and demand issues.

MLARP PPA needs a permanent source of funding to ensure staffing infrastructure to support the ongoing effective and efficient operation of MLARP PPA. Currently, staff are partially funded (part-time FTEs) or grant-funded.

Recommendation 5: The General Assembly and Governor should include a mandatory operational budget allocation, inclusive of an amount or formula, to cover Office of Health Care Workforce Development staffing for recruiting and retaining Maryland’s healthcare workforce.

Conclusion

The development and passing of SB 626 (2022) demonstrates the General Assembly’s commitment to supporting Maryland’s healthcare workforce and achieving optimal healthcare access across Maryland. The members of the Advisory Council are appreciative of the opportunity to offer recommendations related to strengthening MLARP PPA as one tool for these purposes.

Appendices

Item	Title
A	National Health Service Corps State Loan Repayment Program (SLRP)
B	Provider Retention & Information System Management Program (PRISM) Description
C	Maryland Loan Repayment Programs Marketing: “One-Pager”

Appendix A



NATIONAL HEALTH SERVICE CORPS

State Loan Repayment Program (SLRP)

<p>Program Description</p>	<p>The Health Resources and Services Administration (HRSA) State Loan Repayment Program (SLRP) provides cost-sharing grants to all U.S. states and territories to operate their own loan repayment programs. These state programs offer loan repayment to primary care providers working in Health Professional Shortage Areas (HPSAs).</p>
<p>Eligible Disciplines</p>	<p>Varies from state to state, but may include:</p> <ul style="list-style-type: none"> • Physicians (MDs or DOs specializing in pediatrics, geriatrics, psychiatry, family or internal medicine, or obstetrics and gynecology) • Nurse Practitioners (specializing in adult, family, pediatrics, psychiatry/mental health, geriatrics, women’s health, and certified nurse-midwives) • Physician Assistants (specializing in adult, family, pediatrics, psychiatry/mental health, geriatrics, or women’s health) • Dental Professionals (general, pediatric, registered dental hygienists) • Mental Health Professionals (health service psychologists, licensed clinical social workers, psychiatric nurse specialists, licensed professional counselors, marriage and family therapists) • Registered Nurses • Pharmacists • Substance use disorder counselors (licensed/credentialed/certified by their state of practice that meet educational requirements and master’s degree requirement)
<p>Service Commitment</p>	<ul style="list-style-type: none"> • Minimum 2-year service commitment • Additional 1 year of service for each year of additional support • States may require longer minimum service commitments (more than 2 years) or negotiate individual contracts with providers for different service commitment periods (e.g., 2 years for physicians, 3 years for dentists, 4 years for physician assistants) to meet community needs <p>SLRP participants are now also eligible for the Part-Time Service option that is available through the National Health Service Corps.</p>
<p>Financial Benefits</p>	<p>Loan repayment assistance for qualified education debt (amount varies state to state)</p>



Tax Liability	Not taxable
Application Requirements	<ul style="list-style-type: none"> • U.S. citizen (U.S. born or naturalized), U.S. national, or Lawful Permanent Resident • Licensed to practice in the state where they will work (where work will occur) • Currently work or be applying to or be accepted to work at an eligible site that is located in a federally designated Health Professional Shortage Area (HPSA) • Unpaid government or commercial loans for school tuition, reasonable education expenses and reasonable living expenses, segregated from all other debts (that is, not consolidated with non-educational loans)
Web Site	Visit the State Loan Repayment Program page for more information.



Appendix B



PRISM

The Provider Retention & Information System Management program (PRISM) at the National Rural Recruitment and Retention Network (3RNET) is a partnership between state organizations, the Cecil G. Sheps Center for Health Services Research at the University of North Carolina (Sheps Center), and 3RNET. The purpose of PRISM is two-fold:

- Routinely collect data to identify and document outcomes to enhance the retention of clinicians and, through its collaborative design,
- Build shared interest, cooperation and group wisdom in best practices to promote retention among collaborative states.

The PRISM Leadership Team is comprised of representatives from the PCOs, Sheps Center, and 3RNET.

In, 2012, state Primary Care Offices supported by HRSA and participating in a National Health Service Corps ARRA grant program created a collaborative to learn from one another and share information and ideas regarding best practices for retention. It quickly expanded to include all NHSC and state loan repayment program health care providers. Through this collective approach and, in partnership with the leadership team, information is collected and shared. Healthcare provider recruitment and retention is the core of meaningful healthcare transformation. The Collaborative will not only collect data but provide opportunities to explore use of the data as it relates to new models of healthcare and unique recruitment and retention needs.

PRISM

- Provides a standardized and state-of-the-art way for states to routinely gather real-time data from clinicians as they serve in states' and the National Health Service Corps' (NHSC) loan repayment, scholarship and other incentive programs.
- Is a broad, multi-dimensional and adaptable platform.
- Gathers, analyzes and presents retention data for clinicians (of all types) serving in incentive programs in a variety of settings
- Is the first system for collecting and sharing retention information within states and nationally.

PRISM collects data through online questionnaires sent to clinicians and practice administrators via email.

- Each state independently manages the operation of the program to gather information from site administrators and clinicians serving within their state.
- Computer, analytic and faculty staff of the Sheps Center provide expertise on data collection, analysis and dissemination.
- Data collected is the property of the collaborative member.

PRISM is programmed to cue Start of Service, End of Year, End of Contract, Administrator and Alumni questionnaires at specific points in time during a clinician's service obligation.

The questionnaires were developed at the Sheps Center and tested in North Carolina prior to the development of PRISM. All states/programs utilize the same set of questionnaires. Requests to revise or add additional questions will be reviewed by the Leadership Team and Sheps Center to determine if the requested changes would be relevant and useful across the programs/states in the collaborative and to determine the cost for such changes. Please let us know if you would like to review the questionnaires currently available in the system.

How States Use PRISM

- Send questionnaires
- Follow up with reminders
- Access data collected in the form of individual clinician responses and summative reports.

Clinician and site administrator responses are the key to providing a rich set of data and the system is designed so that states can routinely follow-up with clinicians to increase the rate of questionnaire completions.

Summative reports are available on demand with up-to date data per program/per state for:

- Start of Service
- End of Year/End of Contract
 - Includes the ability to compare data from multiple programs within a state and programs in other states (a minimum of 3 other states' programs must be designated to maintain anonymity).
 - Filtering option to compare disciplines, specialties, gender, practice type and in state/out of state education and upbringing with a specific program.
- Administrator
- Alumni
 - Filtering option to compare disciplines, specialties, gender, practice type and in state/out of state education and upbringing with a specific program.

Webinars are conducted throughout the project year to assist in education, interpretation and opportunities to use the data and assist states' in their recruitment and retention work. Webinars will also suggest ways in which programs can work with other stakeholders in their state regarding workforce issues and support.

Ongoing Development

The PRISM program has continued to evolve since its inception in 2013. System expansions are, and will be, a continual process with input from members as we learn and better understand how the system can be used and what types of changes or new features/enhancements will best serve states. Enhancements are undertaken as funding permits.

Funding

PRISM's funding is principally from an annual sub-award agreement administered by the [National Rural Health Association](#) (NRHA) funded by HRSA's [Federal Office of Rural Health Policy](#) (FORHP). **Collaborative states pay an annual fee of \$2,000.00.** Collaborative members enter into an Agreement with 3RNET for PRISM. Services provided by 3RNET to collaborative members include:

- Training
- Technical Assistance
- Sheps Center management and monitoring of the system
- Preparation and upload of NHSC clinician and administrator data files
- Assistance in preparation and upload of state program clinician and administrator data files
- Coordination of meetings/webinars for collaborative members
- Ongoing development is limited by the imagination and resources available.

State Participants Roles and Responsibilities

- Maintain up-to-date data for obligated providers within PRISM.
- Monitor and initiate the questionnaire process in PRISM.
- Review completed questionnaires and provide any follow-up needed.
- Provide feedback to PRISM staff on the usefulness of the PRISM software, on system bugs, and suggested changes.
- Actively participate in the communications, idea-sharing, and community-building activities of the collaborative.
- Provide PRISM's annual base financial support amount of \$2,000 and if possible additional support for enhancements.

UNC Sheps Responsibilities

- Academic guidance
- System management and enhancements

For more information on the PRISM program visit <https://3rnet.org/prism> or contact Jackie Fannell at fannell@3rnet.org.

Appendix C



Appendix C

Maryland Loan Repayment Programs

Maryland Loan Repayment Programs (MLRP) are designed to address the recruitment and retention of health care professionals in underserved areas of the state.

Dedicated health care professionals can benefit from assistance with higher education loan repayment, which is available in exchange for a service commitment at an eligible practice site.



Program Objective

Dedicated health care providers work to meet the varied health care needs of Marylanders every day, but health care workforce shortages persist. The Maryland Loan Repayment Programs, supported by federal and state funding, are open to eligible physicians, physician assistants, final year medical residents, advanced practice nurses, nurses and nursing support staff.

Eligibility: Eligibility criteria and the number of awards possible can change from year-to-year, based on authorizing legislation and funding availability. Check the webpage frequently for updates.

<https://health.maryland.gov/pophealth/Pages/State-Loan-Repayment-Program.aspx>



An MLRP participant may reapply one additional time for an award after completion of the first service obligation. A participant's total award amount cannot exceed two service obligations (or their educational loan debt).



More Information for Physicians, Medical Residents, and Physician Assistants

<https://health.maryland.gov/pophealth/Pages/Maryland-Loan-Repayment-Programs---Physicians-and-Physician-Assistants.aspx>



Credential	Maximum Award: Full Time	Maximum Award: Part Time	Length of Service Obligation
Physician (MD, DO)	\$100,000	\$50,000	2 years
Final Year Medical Resident (MD,DO)	\$100,000	\$50,000	2 years
Physician Assistant	\$100,000	\$50,000	2 years

Full time: ≥40 hours per week worked
Part time: 20-39 hours per week worked

More information for Nurses and Nursing Support Staff: Full and Part time

<https://health.maryland.gov/pophealth/Pages/Maryland-Loan-Repayment-Programs---Nurses-and-Nursing-Support-Staff.aspx>

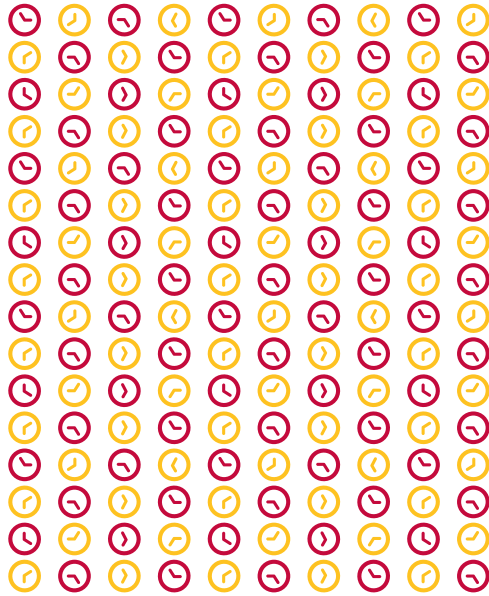


Credential	Maximum Award: Full Time	Maximum Award: Part Time	Length of Service Obligation
APRN (CRNP, CNM, CRNA, CNS)	\$100,000	\$50,000	2 years
RN, LPN	\$50,000	\$25,000	2 years
Nursing Support Staff (CMT, CMA, CNA, GNA)	\$5,000	\$2,500	1 year

Full time: ≥40 hours per week worked
Part time: 20-39 hours per week worked

(continued on reverse side)

Over the most recent three years:



Maryland Loan Repayment participants contributed more than **160,000 hours** of direct patient care hours to Marylanders.



Approximately **100 health care professionals** received assistance repaying higher educational loans.

(continued from reverse side)

The Application Process

<https://health.maryland.gov/pophealth/Pages/Maryland-Loan-Assistance-Repayment-Program-Application-Process.aspx>



The MLRP application process operates on an annual basis, from March 1 through April 15. There is only one application process for all disciplines and funding sources. Applicant eligibility is determined from the content of the application components. Participation in MLRP is awarded based on applicant eligibility, technical scoring based on State and Federal priorities and the availability of funding. The application process is competitive. The highest-ranking applications receive consideration for awards within available funding ranges.

For more information:

mdh.providerworkforceprograms@maryland.gov

If you would like to sign up for the Workforce Listserv to receive updates about the loan repayment program:

<https://www.surveymonkey.com/r/RVYR59X>



Office of Health Care Workforce Development
201 West Preston Street • Baltimore, MD 21201
mdh.providerworkforceprograms@maryland.gov
health.maryland.gov/pophealth/Pages/Workforce.aspx