

**Maryland Loan Assistance Repayment Program (MLARP) Advisory
Council for Physicians and Physician Assistants**

Virtual Meeting
December 7, 2022, 1:00 p.m. – 2:00 p.m.

Meeting Minutes - APPROVED

Stakeholder Workgroup Attendees Membership Seat Representative

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

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 Academy of Physician Assistants - Rick Rohrs

Department of Health (MDH) Staffing

Sara Seitz

Sadé Diggs

Kimberly Hiner

Also in Attendance

Eric Colchamiro (Government Affairs for the Alzheimer's Association of MD), June Chung (Department of Legislative Services), Lindsay Rowe (Department of Legislative Services), Members of the public: Desha Bedford, Cheryl Mejia, Kathlene Babalola, Cynthia Calixte

Notes

I. Welcome/Introductions and Roll Call

- The virtual meeting was called to order (1:02 p.m.) by Sara Seitz who provided a brief welcome and introduction.
- Each workgroup member introduced themselves to the group during roll call and guests signed in to the virtual meeting via the chat function.

II. Opening Remarks:

- Sara Seitz reviewed the various laws which the workgroup will abide by during its tenure, including the Maryland State Ethics Law and Maryland Open Meetings Act and noted that copies of/links to the associated laws would be sent to the members via email following the meeting. Informed the Council that the members have been deemed

exempt from financial disclosure by the State Ethics Commission for this Council. Noted official members of the Workgroup will be addressed throughout the meeting and a time will be allocated at the end of each meeting for open comment by any member of the public. Also discussed posting of a Council website inclusive of meeting details and associated minutes and presentations in the future:

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

- Sara Seitz provided a brief review of the statutorily mandated activities (SB626, 2022) and purpose of the Council and the report due to the Governor and General Assembly annually.

III. Review of MLARP Workgroup (2020 - 2021)

- Sara Seitz reviewed the legislation and work of the Council-predecessor, the Maryland Loan Assistance Repayment Program Workgroup for Physicians and Physician Assistants. The Workgroup was established on July 1, 2020 as a result of Senate Bill 501 (2020) legislation, and continued through December 2021. Ms. Seitz presented details about the final report of that group and the ten workgroup recommendations to build permanent funding for the program and expand the program.

IV. Status Update: Maryland Loan Repayment Programs

- Sara Seitz presented an overview of the Maryland Loan Repayment Programs eligibility requirements and priorities, the competitive grant application that expands the professionals that are now eligible for the MLARP Physicians and Physicians Assistants and the new MLARP for Nurses and Nursing Support Staff established by Senate Bill 696 (2022).
- Public comment about the direct patient care hours requirement for physicians and wondering if the workgroup has discussed this concern yet specific to the emergency medicine workflow and that those physicians do not work typical hours and the scheduled clinical hours are not the same as a family medicine practitioner. Added that this would be a great recruitment tool. Response to public comment given by Sara Seitz that yes, we intend to operationalize in the same ways as possible and that we have utilized legislations that requires at least 80% direct patient care hours and when there are full time professionals and at least 32 hours of the full time 40 hours is verified through the application process. Added that this could be something to have more conversation about with the Council as the group goes forward.
- Sara Seitz provided the Council with updates relevant to the workgroup's 2021 final report and recommendations:
 - Fiscal Year 2023 funding presented. Of note, the MDH Assistant Attorney General has interpreted the establishing law as only providing the MLARP Funds for the issuance of loan repayment assistance, not for operational costs. For the first

time ever, Federal funds do allow for administrative costs. Awarded funds for Fiscal Year 2023 to Fiscal Year 2025 approve an administrative assistant position. General MDH funds provide the remaining Full Time Equivalents for the Office of Workforce Development (0.2 Director and 0.5 Coordinator).

- Maryland joined the multi state Provider Retention & Information System Management program (PRISM) that collects participant information and surveying at the start, throughout, and following service obligations so that we can gain data on recruitment and retention. The cost of joining is \$2,500 and was able to be funded through the State Office of Rural Health to support the workforce efforts through that office. The expenditure is included in the approved Federal budget for the State Loan Repayment Program (SLRP) for the next two years.
- An MLRP monitoring and evaluation plan was drafted during Summer 2022, along with applicant and awardee profiling for the 2022 application cycle. Mentioned that the office continues to work with the MDH Office of Enterprise Technology and MD Department of Information Technology toward an online data system platform. A scope of work has been developed, but implementation is dependent on funding.
- Discussed updates regarding the recommendation for a centralized repository for healthcare workforce data. The [Commission to Study the Health Care Workforce Crisis](#) (Senate Bill 440, 2022) is examining workforce shortages. There are a few workgroups within the Commission, including the Data Advisory Workgroup, which is discussing this topic.
- Presented an update regarding program eligibility expansion to include part-time providers who work 20 - 39 hours per week for awards of up to \$25,000 per year for a two-year service obligation. Also noted details regarding the expansion of programming to include additional disciplines. The intent is to administer MLARP for Nurses and Nursing Support Staff as similarly as possible with the other workforce programs. The first application cycle will run concurrently with the existing MLRP.

V. Next Steps

- Council Structure
 - Membership discussion conclusion is that the Council will have charter bylaws, especially with funding as a discussion point attached to the Council, and an elected Chair. It was noted that the Medicaid program has an advisory committee that is well-established and potentially a good model to use in developing Council bylaws. Draft bylaws will be presented to the Council at the next meeting.

- Meeting Strategy

- Sara Seitz presented a drafted meeting schedule with discussion topics and mandates for Council review, including 4 meetings per year to be set in February, May, August, and October to best align with program activities throughout the calendar year. Council agreement that Subgroups and/or additional meetings can be established as appropriate in the future.
- Aim to have meetings on the first Wednesdays of the month. MDH staff will send an email to the group to survey on the best meeting times.
- Membership recommended group access to Google folders to ensure access to Council documentation and resources/research. MDH staff will work to set up a group access tool.

VI. Open Discussion with Public Comment:

- Public Comment: highlighted that for emergency medicine physicians in particular, full time hours are often less than 40 hours per week, around 1,440 per year with 100% served in direct patient care hours. Most emergency medicine physicians would generally not meet the hours required per week for a “full-time” award because of the scheduling structure. Particularly concerned due to high attrition rate in the emergency department as work can be quite challenging in rural areas. Think that having acknowledgment of the way that emergency medicine physicians are scheduled to work would help the program and impact the recruitment and retention of providers.
- Public Comment: discussed that physicians within detention facilities or corrections do not necessarily work 40 hours per week because of the way that some of the facilities are set up. Some of the physicians work similar to emergency medicine physicians and their hours are considered full time by their employer (at 36 hours per week). Think that the Council should consider the way that all physicians work. Currently, these physicians would be categorized as part-time for MLRP.

VII. Adjournment: (2:00 p.m.)

Presentation posted to and accessible on the Maryland Loan Assistance Repayment Program Advisory Council for Physicians and Physician Assistants webpage:
<https://health.maryland.gov/pophealth/Pages/MLARP-Advisory-Council-for-Physicians-and-Physician-Assistants.aspx>