

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

**Sustainable Funding Subgroup**

**Virtual Meeting**

April 29, 2021 2:00 p.m. – 3:00 p.m.

**Attendees**

Matthew Dudzic, Board of Physicians

Megan Renfrew, Health Services Cost Review Commission

Erin Dorrien, Maryland Hospital Association

Jane Krienke, Maryland Hospital Association

Shamonda Braithwaite, Mid-Atlantic Association of Community Health Clinics

Sara Seitz, Maryland Department of Health

Sadé Diggs, Maryland Department of Health

**Notes**

- I. **Welcome/ Introductions:** Subgroup members introduced themselves and their envisioned goals for MLARP, including:
  - A. See the program extended beyond the federal funding level and Board of Physicians as the sole provider of state funding. The federal grant is great but limiting and not specific to Maryland needs which may or may not mean working in the federal designated Health Professional Shortage Areas (HPSAs).
  - B. A program that ensures Maryland is matching the right workforce to the right places
  - C. A focus on recruitment and retention that attracts more clinicians, including seasoned clinicians to Maryland's underserved areas
  - D. Maryland should not be leaving federal match on the table and funding for professionals that cannot be funded.
  - E. Support of a diverse and culturally competent workforce.
  - F. Ultimately, to improve healthcare access and health outcomes across the state for traditionally underserved populations
  
- II. **Group Brainstorm:** Potential future funding sources to meet goals of the Workgroup and those noted by subgroup members above:
  - A. Assessment on insurers
    1. MCOs-California
    2. Blues-Arizona
  - B. Surcharge on license
    1. Mandatory
    2. Request for donation

- C. Employer match
  - 1. 1:1
  - 2. Sliding scale based on priority needs
- D. Assessment on health care facilities
- E. Grants and Private foundation donations
  - 1. Other grants and other funds that we could use to be a match
  - 2. Community/Local donations
    - a. Chambers of Commerce
    - b. Local banks, businesses
    - c. Local community development resources
  - 3. Nonprofits
- F. Dedicated tax
  - 1. Flavored tobacco
  - 2. Marijuana legalization
  - 3. Sports betting
  - 4. Alcohol tax-may want to stay away from due to current legislation in this area
  - 5. Sin taxes-sweets, drinks, etc. (Example, Washington DC)
- G. State tax donations (At end of State taxes, such as Cancer Treatment Fund)
- H. Schools and Universities
  - a. Rural residency training connection?
- I. Total Cost of Care/ Center for Medicare and Medicaid Innovation
  - 1. Health Services Cost Review Commission (HSCRC) requested permission to use rate setting mechanism to create match; the request was rejected for both federal and state funding match.

### III. Next Steps

- A. Plan of Action Toward Recommendations
  - i. Walk through each potential option to determine best route, which may be a combination of multiple entities.
  - ii. Drill down on how these options would have to be structured.
  - iii. Reach out to stakeholders
  - iv. Recommendations drafted by September 2021 and incorporated into General Assembly Report (due by December 1, 2021)
  - v. Legislation would ultimately be needed to expand program in these ways
- B. Member Action Steps
  - i. Provide a summary report to the larger Workgroup on May 14, 2021.
  - ii. Start outreaching to potential future partners/ stakeholders, including: Maryland Hospital Association (MHA) employers, Community health centers, Board of Physicians (BOP), MedChi, insurers, Managed Care Organizations (MCOs), etc.

- iii. Google Drive now has Subgroup folders and any developed documentation can be saved there. All members should have access.

C. Next Meeting

- i. Will meet again the week of May 17/ before Memorial Day; Members will choose date via Doodle poll sent out by Workgroup staff.