

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

Virtual Meeting

October 28, 2020, 9:00 – 10:00 a.m.

Minutes

Workgroup Members

Delegate Erek Barron, Karin DiBari, Erin Dorrien, Matthew Dudzic, Cheryl De Pinto, Damean Freas, Adam Kane, Stacey Little, Donna Parker, Andrew Pollack, Gene Ransom, Richard Rohrs, Elizabeth Vaidya, Roy Ziegelstein

Maryland Department of Health (MDH) Staff Present

Sara Seitz

Guest Speakers

Delegate Sheree Sample-Hughes, Senator Melony Griffith

I. Meeting Opening and Welcome: The virtual meeting was called to order (9:02 a.m.) by Cheryl De Pinto who offered a brief welcome.

II. Introductions/ Roll Call:

- Each workgroup member introduced themselves to the group.
- Sara Seitz reviewed the various laws which the workgroup will abide by during its tenure, including the Maryland State Ethics Law, Maryland Open Meetings Act, and Robert's Rules of Order.
 - o Workgroup members have been exempted from Financial Disclosure filing, but should include this workgroup in any filings completed for another role.
 - o Members shall notify Sara Seitz of any employment and/or board membership changes so potential conflicts of interest can be determined.

III. Opening Remarks: Cheryl De Pinto, Delegate Sheree Sample-Hughes, and Senator Melony Griffith each provided brief remarks regarding their gratitude and commitment for the group's convening. Delegate Sample-Hughes and Senator Griffith offered background regarding the 2020 legislation.

IV. Review of Statutory Mandate and Timeline:

- Sara Seitz provided background information regarding the two existing loan repayment programs administered by the Maryland Department of Health's Office of Workforce

Development: State Loan Repayment Program (SLRP) and Maryland Loan Assistance Repayment Program (MLARP).

- SLRP: Funded by HRSA, requires 1:1 state funding match, Primary care focus, provider must serve in a Health Professional Shortage Area (HPSA), at an office that is a non-profit and offers a sliding fee scale. Maryland focuses on physicians and physician assistants, however additional provider types can be awarded under SLRP: <https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/clinician-eligibility-requirements.html>
- MLARP: Serves as 1:1 match of state to federal funds, then can provide awards outside of primary care focus, federally designated HPSAs, etc.
- Sara Seitz reviewed the statutory mandates for the workgroup and the report/recommendation timeline.

V. Work Plan for Deliverables:

- SB0501 transferred oversight of MLARP from joint administration between MDH and the Maryland Higher Education Commission to solely MDH. Cheryl De Pinto updated the group on the status of this transition:
 - Fiscal Year 2021 state funding has been received by MDH
 - The 2020 application process was streamlined, in part due to COVID
 - An earlier payment timeline has been developed to provide awards to recipients earlier in the fiscal year
 - There is now one contact for all matters related to MLARP: Sadé Diggs, Office of Workforce Development
 - The MDH MLARP website link is:
<https://pophealth.health.maryland.gov/Pages/State-Loan-Repayment-Program.aspx>
- Members listed priority exploration areas to help guide a work plan. Noted priorities include:
 - Seek out a broader array of stakeholders and revenue sources (beyond the Board of Physicians which is the current source of state funding for MLARP)
 - Potential sources of funding to explore include but are not limited to: HSCRC (hospital differentials, assessments), Medicaid
 - Provider types benefiting from MLARP should be flexible and based on the needs of communities
 - Sub-specialties need resources. Provider shortages in rural areas of the state drive patients to seek care in urban areas.
 - It is necessary to pay attention to the balance between state level programs and provider level programs. Though hospitals and individual practices that fund loan repayment for employees pay the loan costs from their bottom line, along

with associated taxes, doing so allows them to meet their specific provider shortage needs with less administrative burden at the state level.

- State level data regarding the provider workforce is needed in order to build a more robust methodology to determine population-provider ratios across provider specialties. There are currently no state level data sources providing full time equivalent data by provider type to MDH. The State must rely on claims data which does not provide a complete story.

VI. Next Steps:

- Motion: Cheryl De Pinto and Sara Seitz should facilitate the workgroup; with no official Chair person required. Gene Ransom
 - Second: Andrew Pollack
 - The motion is approved by general consensus without objection
- Motion: The group will continue to discuss the interim report via electronic communication, setting a bi-monthly meeting schedule to start January 2021. Andrew Pollack
 - Second: Gene Ransom
 - The motion is approved by general consensus without objection
- Sara Seitz and Cheryl De Pinto will use the conversation from this meeting and resources gathered via the workgroup's dedicated Google Drive to draft an interim report for the General Assembly. The group will further discuss, review, and approve via email communication.

VII. Open Discussion with Public Comment: No guests provided comment during the time dedicated for this purpose.

VIII. Adjournment: (10:03 a.m.) Motion: Elizabeth Vaidya
Second: Erin Dorrien