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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 409
OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS

FILED

07/12/2022 1:27 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Updates to make incentive program resources more widely available to health professionals in Oregon.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/22/2022 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Pete Edlund
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 08/16/2022

TIME: 2:00 PM - 3:00 PM

OFFICER: Pete Edlund

ADDRESS: REMOTE MEETING ONLY

421 SW Oak St

Portland, OR 97204

SPECIAL INSTRUCTIONS:

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1609110341?pwd=VTI2bUxHVGPxeXdoZmJBblcxb3k1dz09>

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NEED FOR THE RULE(S)

The event is rulemaking for the Health Care Provider Incentive Program (2017 HB3261). Plan to update and make incentive program resources more widely available to health professionals in Oregon. Will impact Loan Repayment and scholarship availability to providers and increase award amounts for those given contracts.

The rulemaking will also include strengthening of prioritization language to ensure access to Loan Repayment funds for those who are reflective of the populations they serve and delivering care to those experiencing the greatest inequities. The language will also be updated to be more inclusive and reflective of OHA equity goal of removing health inequities by 2030 (i.e. redistribution of power and resources) and clarify who will be prioritized for award making.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

None

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

This rule seeks to expand and clarify the prioritization of resources available through the Health Care Provider Incentive Program. This will have a positive impact on clinicians and providers of color (specifically Black/African American, Latin-x, American Indian/Alaska Native, Native Hawaiian/Pacific Islander and Multiracial) as they are disproportionately burdened by student loans. The aim is to further clarify prioritization of providers with lived and/or cross-cultural experience. The rule changes also expand on the types of loans that can be paid for providers who are awarded. Evidence shows African American/Black and Hispanic borrowers are at increased risk of default for undergraduate student loans. Moreover, this debt burden can be a barrier to becoming a part of the licensed workforce. In order to increase the diversity and representation within the Licensed health care workforce and create opportunities for career development, it is imperative we support participants regardless of their level of education. As a result of these inequities, these same populations are forced to make life decisions based on the burden of carrying excessive student loan debt combined with being paid a lesser salary. The rule seeks to prioritize those most affected by these systematic barriers and increase opportunity for those across the workforce to participate in incentive programs.

Community engagement has been done with those who are reflective of the populations most affected. Participants from those demographics have also been invited to the RAC. Work ahead of the RAC has also been done to get the input of those with lived experience (i.e. African American/Black colleagues and community members). Program staff provided OHA Tribal Affairs Office background and summary of the rule changes and she sought input from them, who elected not to have us attend their monthly meeting (nor a Dear Tribal Leaders Letter), but instead will send a representative if they deem it appropriate.

Program staff will notify community of these changes via traditional OHA avenues supplemented by the Oregon office of Rural Health website and newsletter as well as the Primary Care Office newsletter.

FISCAL AND ECONOMIC IMPACT:

None. This program is already fully funded by legislature each biennium. Assuming it continues to receive state-level

funding, no additional investments are needed, and no additional cost incurred.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s).

None

(2) Effect on Small Businesses:

(a) Estimate the number and type of small businesses subject to the rule(s);

None

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);

None

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

None

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

None

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

Work ahead of the RACs was done to get the input of those with lived experience (i.e. African American/Black colleagues and community members).

Two RACs were held but attendance was inadequate.

Staff spoke to or emailed the two RAC attendees, presented notice content at the Multnomah County African American Providers meeting, and sent to Health Care Workforce Committee members for review.

Received written and verbal feedback with positive feedback, suggestions, and no identification of negative impacts, or creation of any barriers or challenges as a result of the rules.

RULES PROPOSED:

409-036-0010, 409-036-0020, 409-036-0040, 409-036-0050, 409-036-0060, 409-036-0070, 409-036-0080

AMEND: 409-036-0010

RULE SUMMARY: Adds definitions for "communities of color," "training program," and "priority populations," and updates definition of "qualifying student loans."

CHANGES TO RULE:

409-036-0010

Definitions

The following definitions apply to OAR 409-036-0000 to OAR 409-036-0150:¶

(1) "Authority" means the Oregon Health Authority.¶

(2) "Board" means the Oregon Health Policy Board.¶

(3) "Carrier" means a medical professional liability insurer holding a valid certificate of authority from the Director

of the Department of Consumer and Business Services (DCBS) that authorizes the transaction of insurance as defined in ORS 731.066 and 731.072, and does not include DCBS-listed insurers pursuant to ORS 735.300 to 735.365 and 735.400 to 735.495.¶

(4) "Clinical Psychologist" means an individual licensed to practice psychology pursuant to ORS 675.010 to 675.090.¶

(5) "Clinical Social Worker" means an individual licensed to practice clinical social work pursuant to ORS 675.510 to 675.600.¶

"Communities of color" means members of the following racial or ethnic communities:¶

(a) American Indian;¶

(b) Alaska Native;¶

(c) Hispanic or Latino;¶

(d) Asian;¶

(e) Native Hawaiian;¶

(f) Pacific Islander;¶

(g) Black or African American;¶

(h) Middle Eastern;¶

(i) North African;¶

(j) Mixed race; or¶

(k) Other racial or ethnic minorities.¶

(6) "DCBS" means the Department of Consumer and Business Services.¶

(7) "Dentist" means any individual licensed to practice dentistry pursuant to ORS 679.010.¶

(8) "Eligible provider" means a practitioner in Oregon delivering health care services to patients in Oregon. The Authority may determine eligible professions based upon the most recent assessment of health care professional need. Eligible provider types will be published on the Office's program's webpage.¶

(9) "Essential health care services" means medical, dental or behavioral health services that have been determined to be necessary to support the health of the population of the community.¶

(10) "Expanded Practice Dental Hygienist" means an individual licensed to practice dental hygiene with an expanded practice dental hygienist permit issued under ORS 680.200.¶

(11) "Licensed Professional Counselor" has the meaning given that term in ORS 675.705.¶

(12) "Long Term Care" means in home, community based care and nursing facilities.¶

(13) "Marriage and Family Therapist or Professional Counselor" has the meaning given that term in ORS 675.705.¶

~~(134)~~ "Medical assistance" has the meaning given that term in ORS 414.025.¶

~~(145)~~ "Medicare" means medical coverage provided under Title XVIII of the Social Security Act.¶

~~(156)~~ "Naturopathic Physician" means an individual licensed pursuant to ORS 685.010 to 685.135.¶

~~(167)~~ "Nurse Practitioner" means any individual licensed pursuant to ORS 678.375.¶

~~(178)~~ "Office" means the Office of Rural Health ~~has or~~ the meaning given that term in ORS ~~442.475~~ Authority.¶

~~(189)~~ "Pharmacist" has the meaning given that term in ORS 689.005.¶

~~(1920)~~ "Physician" means any individual licensed pursuant to ORS 677.100 to 677.228.¶

~~(201)~~ "Physician Assistant" means any individual licensed pursuant to ORS 677.495 to 677.545.¶

~~(212)~~ "Practice full-time" means working at a minimum of 32 hours per week spent providing direct patient care, averaged over the month for a minimum of 45 weeks per service year. The Authority shall consider patient charting a component of offering direct patient care. The Authority may consider telehealth as direct patient care when the receiving site (location of the patient) is located in Oregon.¶

~~(223)~~ "Practice part-time" means working a minimum of 16 hours per week spent providing direct patient care, averaged over the month for a minimum of 45 weeks per service year. The Authority shall consider patient charting a component of offering direct patient care. The Authority may consider telehealth as direct patient care when the receiving site (location of the patient) is located in Oregon.¶

(24) "Priority Populations" means groups that disproportionately experience avoidable illness, death or other poor health or social outcomes attributable directly or indirectly to racism, including:¶

(a) Communities of color;¶

(b) Oregon's nine federally recognized tribes and the descendants of the members of the tribes, or other tribal members;¶

(c) Immigrants;¶

(d) Refugees;¶

(e) Migrant and seasonal farmworkers;¶

(f) Low-income individuals and families;¶

(g) Medicaid or uninsured;¶

(h) Persons with disabilities; and¶

(i) Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity.

(235) "Program" means the Health Care Incentive Program.

(246) Qualified Mental Health Associate means a mental health professional that meets the following minimum qualifications:

(a) Bachelor's degree in a behavioral sciences field; or

(b) A combination of at least three years relevant work, education, training or experience; and

(c) Demonstrates the competency necessary to communicate effectively; understand mental health assessment, treatment and service terminology and apply these concepts; provide psychosocial skills development; implement interventions as assigned on an individual plan of care; and provide behavior management and case management duties.

(257) A qualified mental health professional (QMHP) is a licensed behavioral health practitioner or any other person who holds any of the following educational degrees and meets the following minimum qualifications:

(a) Graduate degree in psychology;

(b) Bachelor's degree in nursing and licensed by the State of Oregon;

(c) Graduate degree in social work;

(d) Graduate degree in a behavioral science field;

(e) Graduate degree in recreational, music, or art therapy;

(f) Bachelor's degree in occupational therapy and licensed by the State of Oregon; and

~~(g) Whose education and experience demonstrate the competency to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multiaxial DSM diagnosis; write and supervise an individual plan of care; conduct a mental health assessment and provide individual, family or group therapy within the scope of their training.~~

(268) "Qualifying loan" means one or more government or commercial loans received solely to cover the cost of ~~post-baccalaureate health professional training or, in the case of an expanded practice dental hygienist and Behavioral Health Loan Repayment incentive applicants, undergraduate, or undergraduate or other~~ educational training. This does not include credit card loans, lines of credit, and personal loans.

(279) "Qualifying practice site" means:

(a) A rural hospital as defined in ORS 442.470 serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined;

(b) A federally certified Rural Health Clinic serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined;

(c) A federally qualified Community Health Center serving Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined; or

(d) A site other than those listed above that:

(A) Provides essential health care services to patients in an area approved as a medical, dental or mental Health Professional Shortage Area (HPSA) as defined by the federal Health Resources and Services Administration or ranking below the Areas of Unmet Health Care Need median as determined by the Office;

(B) Serves Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined, when a majority of providers are eligible for reimbursement from these programs for health services provided;

(C) Has a majority of providers at the site eligible for reimbursement from both Medicare and Medicaid. If a majority of providers at the site are not eligible for reimbursement from both programs, the site is qualified as long as the site serves either Medicaid or Medicare patients in no less the same proportion of such patients in the county or other service area as determined by the Authority;

(D) Provides essential health care services to an underserved population, as determined by the Authority; or

(E) Serves Medicaid and/or uninsured patients in a Community Based, Residential, or ~~Day treatment~~ Long Term Care settings, as determined by the Authority.

(2830) "Telehealth" means the provision of health services from a distance using electronic communications.

(31) "Training Program" means a course of study that results in certification, licensure or other credential related to the healthcare workforce; or other program as determined by the authority.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0020

RULE SUMMARY: Updates target statement of workforce assistance grants to include "achieve optimal health" to conform to OHA equity/style guide.

CHANGES TO RULE:

409-036-0020

Types of Incentives Offered Under the Program

The types of incentives provided under this program include:¶

- (1) Loan Repayment subsidies that meet the requirements of OAR 409-036-0030; to support the retention of health care providers in the area;¶
- (2) Loan Forgiveness payments to support the expansion of health care workforce capacity in rural areas of the state;¶
- (3) Scholarships for students in health professional training programs at the Oregon Health and Science University in a manner consistent with ORS 348.303 and meet the requirements in OAR 409-036-0040 to help students locate in rural and non-rural underserved areas;¶
- (4) Scholarships for students in health professional training programs at other institutions of higher learning than those in 409-036-0020 (3) to help students locate in rural and non-rural underserved areas;¶
- (5) Community Workforce Assistance Grants to support recruitment and retention of providers who will deliver care that supports the opportunity for people to be to achieve optimal health;¶
- (6) Medical malpractice insurance premium subsidies that meet the requirements in OAR 409-036-0050 and enable providers to remain practicing in rural areas of the state; and¶
- (7) Other incentives as identified and directed by the Board.

Statutory/Other Authority: OL 2017, Ch. 718RS 676.454

Statutes/Other Implemented: OL 2017, Ch. 718RS 676.454

AMEND: 409-036-0040

RULE SUMMARY: Updates scholarship language to reflect "training programs" as well as "medical institutions." Also updates language to reflect scholarship funds provided to program vs. to an individual, per the RFGA for SHOI-Like.

CHANGES TO RULE:

409-036-0040

Eligibility Criteria specific to Scholarships for Students in Health Professional Training Programs at ~~Other Institutions of Higher Learning~~

(1) ~~Public and private institutions of higher learning~~ Education or Training Programs in Oregon not governed by ORS 348.303 may make available scholarships using rules developed by the ~~institution~~ education or training program subject to the approval of the Authority that specify:¶

(a) The maximum amount of the scholarship;¶

(b) The duration of the scholarship;¶

(c) That scholarships shall only be available to students who commit to practicing in Oregon in areas identified by the Authority as needing providers;¶

(d) That successful awardees agree to serve as ambassadors for the program during participation; and¶

(e) That ~~successfully~~ awardees of programs may be asked to develop a project during their training that relate to delivery and promising practices that lead to improved health.¶

(2) All scholarships under this rule shall be available for future health professionals who will deliver health services in Oregon.¶

(3) ~~Institution~~ Education or Training Programs must use scholarship money for the scholarships and funds may not be used to pay for administrative costs.

Statutory/Other Authority: ~~OL 2017, Ch. 718~~ RS 676.454

Statutes/Other Implemented: ~~OL 2017, Ch. 718~~ RS 676.454

RULE SUMMARY: Removes previous exclusion for clinicians in urbanized Jackson County.

CHANGES TO RULE:

409-036-0050

Eligibility Criteria and Program Requirements specific to Medical Malpractice Insurance Premium Subsidies

- (1) The Health Care Provider Incentive Fund may subsidize health care practitioners for the cost of liability insurance premiums in force, or renewed on or after the effective date of this rule.¶
- (2) A practitioner who ~~has a rural practice~~ provides health services in rural Oregon as determined by the Authority is eligible for a subsidy under the program, if the practitioner:¶
 - (a) ~~Is not located in an urbanized area of Jackson County, as defined by the United States Census Bureau according to the most recent federal decennial census taken pursuant to the authority of the United States Department of Commerce under 13 U.S.C. 141(a), unless the practitioner is:¶~~
 - (A) A physician who specializes in obstetrics or who specializes in family or general practice and provides obstetrical services; or¶
 - (B) A nurse practitioner certified for obstetric care.¶
 - (b) Holds an active, unrestricted license or certification; and is¶
 - (c) Covered by a medical professional liability insurance policy issued by an authorized carrier with minimum coverage limits coverage of \$1 million per occurrence and \$1 million annual aggregate.¶
- (3) A nurse practitioner employed by a licensed physician is eligible for a subsidy if covered by a medical professional liability insurance policy that names and separately calculates the premium for the nurse practitioner.¶
- (4) A practitioner whose medical professional liability insurance coverage is provided through a health care facility, as defined in ORS 442.400, and also meets the requirements of OAR 409-036-0020(6) of this rule is eligible for a premium subsidy if the Authority determines that practitioner:¶
 - (a) Is not an employee of the health care facility;¶
 - (b) Is covered by a medical professional liability insurance policy that names the practitioner and separately calculates the premium for the practitioner; and¶
 - (c) Fully reimburses the health care facility for the premium calculated for the practitioner.¶
- (5) A practitioner must provide an annual attestation to the Authority to be eligible to participate in the program. The Authority shall establish criteria and procedures for making the eligibility determinations and annual attestation.¶
- (6) The Authority shall forward to each participating authorized carrier a list of eligible practitioners with respect to that provider that includes the:¶
 - (a) Practitioner's name;¶
 - (b) Practice site mailing address; and¶
 - (c) Specialty and applicable professional license or certification number issued by either the Oregon Medical Board or the Oregon Board of Nursing.¶
- (7) To participate in the program, a carrier must provide written notice and certification to the Authority not less than 30 days prior to the beginning date of a calendar quarter, signed by an individual authorized to represent the carrier. The notice and certification must be delivered to the Authority at the following address: Oregon Health Authority, 500 Summer St NE, Salem, OR 97301, Attention: Health Care Provider Incentive Program-Medical Malpractice Insurance Subsidy.¶
 - (a) The written notification must certify that the carrier:¶
 - (A) Is a medical professional liability insurer holding a valid certificate of authority from the Director of the Department of Consumer and Business Services (DCBS) that authorizes the transaction of insurance as defined in ORS 731.066(1) and 731.072(1), and does not include DCBS listed insurers pursuant to ORS 735.300 to 735.365 and ORS 735.400 to 735.495;¶
 - (B) Understands the Authority may confirm the representations in paragraph (B) with DCBS, and that DCBS' determination about whether the carrier holds a valid certificate of authority to engage in professional liability insurance in the state of Oregon and the other criteria in paragraph (A) shall be relied upon by the Authority in determining whether an insurer is an authorized carrier; and¶
 - (C) Agrees to comply with the terms and conditions of the rules applicable to this program in effect at the time of initial certification and those rules in effect when any request for subsidy payment is submitted to the Authority for payment.¶
 - (b) The Authority shall confirm in writing that the carrier meets the criteria as an authorized carrier. If the Authority determines that an entity is not eligible to participate as a carrier, the Authority shall provide notice to the entity of its determination and shall deny participation in the program. Entities may appeal a determination

following the process set forth in OAR 409-036-0120.¶

(c) If an insurer fails to provide the notice and certification to the Authority within the time established, the insurer may not submit a request for premium subsidy payment for the next calendar quarter and practitioners may not receive a premium subsidy for that quarter.¶

(d) A carrier must notify the Authority in writing of a material change in any status or condition that relates to their eligibility to participate in the program.¶

(8) A carrier shall notify the Authority at least 90 days prior to the beginning date of the next calendar quarter if the carrier wants to discontinue participation in the program. The carrier shall notify its insured participating practitioners of its intent to discontinue to participate at least 60 days prior to the date of the next calendar quarter.¶

(9) The Authority may determine that funds available for the program are insufficient to provide maximum premium subsidy for all qualified practitioners, and the Authority may reduce or eliminate subsidies. There is no guarantee of any amount of premium subsidy provided to any carrier.¶

(10) Each carrier must electronically (using Microsoft Excel or similar spreadsheet application) submit a report to the Authority within 30 days after the end of each billing period (monthly or quarterly), showing the following information for each eligible practitioner who has been determined eligible for a premium subsidy as of the end of the billing quarter. The information must include the following:¶

(a) Carrier's name;¶

(b) Practitioner's name; and¶

(c) For each practitioner:¶

(A) Oregon Board of Medical Examiners license number or Oregon State Board of Nursing certification number;¶

(B) Practitioner's specialty and specialty class;¶

(C) Insurance Services Office (ISO) code;¶

(D) Policy number and effective date;¶

(E) Billing period coverage start and end dates;¶

(F) Billing frequency (annually, quarterly, monthly);¶

(G) Current in-force annual premium for coverage limits of \$1 million per occurrence and up to \$3 million annual aggregate;¶

(H) Premium subsidy percentage, calculated in accordance with 409-036-0080 (3);¶

(I) Dollar amount of premium subsidy, calculated in accordance with these rules;¶

(J) Explanation of any adjustments under this program from previous reports;¶

(K) Policy coverage limits;¶

(L) Claims-made step of practitioner, if applicable; and¶

(M) Identify practitioners who were not on the eligible list at the beginning of the quarter.¶

(d) Each January all carriers must provide the Authority with a copy of their base rates and increased limits factors table. The carrier must also inform the Authority of the base rates and increased limits factors table from their current rate filing for Oregon within 30 days of any change to those rates and table.¶

(e) Failure to make a timely submission may result in delay in processing the payment request. The Authority shall calculate the payment of premium subsidies from the Rural Medical Liability Subsidy Fund based on the funds available for the applicable billing period. In the event of insufficient funds, the risk of carrier delay in submission of a request for subsidy payment is on the carrier, because payments shall be based on the subsidy requests received timely for each applicable billing period.¶

(11) Each carrier must provide its participating practitioners with the following information each quarter:¶

(a) The quarterly premium due before the premium subsidy is applied;¶

(b) The amount of the premium subsidy;¶

(c) The premium after the premium subsidy is applied; and¶

(d) The carrier shall display these three figures on each participating practitioner's billing statement.¶

(12) If there are insufficient funds to provide the maximum premium subsidy to all qualifying practitioners who have applied for such subsidy, the Authority may reduce or eliminate subsidies for practitioners in an equitable manner, and shall notify affected carriers and participants. A carrier shall reduce the premium charged to a practitioner by the amount of any premium subsidy paid or to be paid under this Program.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0060

RULE SUMMARY: Updates language to reflect scholarship awardees must also be at a qualifying practice site.

Includes certification along with licensure to allow support for a broader group of health professionals.

Removes QMHA Loan Repayment language (due to financial incentives for QMHAs will come via Behavioral Health Loan Repayment, governed by administrative rules in OAR Chapter 309).

Changes language reflecting "3 years" to "length of service obligation" to allow program adjustments to service obligation as appropriate (and to align with incentives under the Behavioral Health Workforce Initiative [BHWI] from House Bill 2949 [2021]).

CHANGES TO RULE:

409-036-0060

Participation and Application Requirements

(1) Loan repayment ~~and~~, loan forgiveness and scholarship recipients must agree to serve at a qualifying practice site.¶

(2) Loan Repayment recipients may commit to practice full-time or part-time in a qualifying practice site for ~~at least three years~~ the duration of the contract. Subject to approval by the Authority, the initial agreement may be renewed ~~twice~~ for additional ~~periods of three years, or a total of nine~~ years of service.¶

(3) To qualify for consideration for loan repayment an eligible provider must submit an application that:¶

(a) Documents the individual having, or having applied for, an unrestricted license or certification (if required) to practice in Oregon within their discipline ~~(unless serving as a QMHP or QMHA and applying for Behavioral Health Loan Repayment incentive);~~¶

(b) Includes a signed and dated statement certifying that the individual is not currently participating in the National Health Services Corps (NHSC), Nursing eCorps, ~~or~~ State Loan Repayment Programs or the NHSC Scholarship Program, ~~or other current service obligation;~~¶

~~(c) Attests to the number of years that the individual is willing to make a service commitment of at least three years' work in a qualifying practice site. During that time the individual agrees to serve at a qualifying practice site is working under another current service obligation; and~~¶

~~(d)~~ Provides all other information required by the program to determine the suitability of making an award from program funds.¶

(4) An applicant for loan repayment subsidies that is currently employed at an eligible practice site or has an employment contract with an eligible practice site shall submit a letter attesting the site has submitted an application for participation and meets eligibility requirements for the program and provide other information as requested by the Authority.¶

(5) Providers receiving an insurance subsidy must serve Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area, as determined by the Authority up to a maximum of 50 percent with at least 25 percent of which is Medicaid.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0070

RULE SUMMARY: Removes National Health Service Corps (NHSC) certification status as a criterion for prioritization of award.

Removes duration of time committed to serve from prioritization criteria.

Updates language to reflect "priority populations" (versus older language deemed legally questionable by Oregon Department of Justice).

CHANGES TO RULE:

409-036-0070

Application and Review Process

(1) The Authority and its contracted designee have published application processes online.¶

(2) The Authority or its contracted designee shall review those applications that meet all requirements of OAR 409-036-0020.¶

(a) The Authority shall return incomplete applications, and upon resubmittal, they shall be processed as of the new date of receipt when they are determined complete.¶

(b) The Authority shall notify applicants of the status of their completed applications within 90 days of application submission.¶

(3) The Authority may consider the following factors in determining whether to accept an eligible provider for participation in the program, which include but are not limited to:¶

(a) Ability to obtain federally-funded incentives. The Authority may prioritize applications from providers who apply to practice at a qualifying practice located in a HPSA that has been determined may not reach the threshold for federal NHSC or NurseCorps awards in a given year.¶

(b) Other determined need of the area. The Authority may prioritize applications from providers who apply to practice at a qualifying practice located in a service area ranking below the median in the most recent Areas of Unmet Health Care Need report published by the Office.¶

~~(c) NHSC certification status of the practice site. The Authority may prioritize applications from providers committing to practice at a qualifying practice site certified to meet the requirements of the National Health Service Corps.¶~~

~~(d) PCPCH status of the practice site. The Authority may award priority to eligible providers who will provide services in, or in affiliation with, a Patient Centered Primary Care Home (PCPCH) recognized by the State of Oregon. The Authority may award a higher priority to those providers at a Tier 3 or higher recognized PCPCH site.¶~~

~~(e) Duration of time committed to practice site, or to serving in Oregon. The Authority may give providers priority for an award based on the duration of time they commit to serve at their practice site or in the state.¶~~

~~(f) Providers located in Oregon. In the case of a provider delivering telehealth services as all or part of their services, the Authority may give providers physically located in Oregon priority for an award.¶~~

~~(g) Provider types, disciplines, or ethnic or linguistic diversity particularly needed in a community. The Authority may give providers priority for an awardee who meets specific needs identified by a community, including ethnicity, language spoken, specialty, or provider type.¶~~

~~(h) Community willingness to contribute to the cost of the award. The Authority may give providers priority for an award if a practice site or community agrees to share in the cost of the incentive at the time of application.¶~~

~~(i) Demonstrated investment in integration of behavioral health or oral health services with primary care. The Authority may provide terms by which a provider may receive priority consideration if they are working at a site that is facilitating the integration of behavioral health and/or oral health services within the community.¶~~

~~(j) Practice site client demographic represents historically marginalized population (i.e. HIV Positive, ethnic/racial minority, LGBTQA+, or otherwise underserved a priority population). The Authority may give priority for an award if provider works at a practice site that serves an historically marginalized priority population.~~

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0080

RULE SUMMARY: Replaces previous framework for financial amounts allowed with a new framework, which recognizes disparities of conditions for those with smaller loan amounts.

Updates maximum award percentages (e.g., up to 70%) to align with BHWI.

Removes Behavioral Health Loan Repayment program language.

Adds "or training programs" wherever "academic institutions" is used in the rule 409-036-0120.

Removes language regarding total paid to the awardee when not meeting minimum qualifications. This aligns with those who receive small award amounts and program mechanisms are established to make a one-time payment.

CHANGES TO RULE:

409-036-0080

Maximum Award Amounts

(1) Health Care Provider Incentive Program Loan Repayment subsidy recipients are eligible for a maximum loan repayment award in the following manner:¶

(a) Full-Time Service:¶

(A) ~~Five~~ Those with less than \$29,000 in qualifying loan debt are eligible to receive up to 100% of qualifying loan debt for initial 3-year service obligation, not to exceed the lesser of their total qualifying loan amount or \$20,000.¶

(B) Those with \$29,000 or more in qualifying loan debt are eligible to receive:¶

(i) Seventy percent of the balance owed on qualifying loans upon program entry for an initial three years of service;¶

~~(B) Sixty~~ Eighty percent of the balance owed on remaining qualifying loans for an additional three years of service;¶

~~(C) Seventy or~~¶

(iii) One hundred percent of the balance owed on remaining qualifying loans for a final three years of service; ~~and~~¶

~~(D)~~ (iv) A participant may receive no more than \$50,000 in a single year for full-time service.¶

(b) Part-Time Service:¶

(A) ~~Two~~ Those with less than \$15,000 in qualifying loan debt are eligible to receive up to 100% of qualifying loan debt for initial, or subsequent service obligations, not to exceed the lesser of their total qualifying loan amount or \$10,000.¶

(B) Those with \$15,000 or more in qualifying loan debt are eligible to receive:¶

(i) Thirty-five percent of the balance owed on qualifying loans upon program entry for an initial three years of service;¶

~~(B) Twenty-five~~ Forty percent of the balance owed on remaining qualifying loans for an additional three years of service;¶

~~(C) Twenty-five or~~¶

(iii) Fifty percent of the balance owed on remaining qualifying loans for a final three years of service; ~~and~~¶

~~(D)~~ (iv) A participant may receive no more than \$25,000 in a single year for part-time service.¶

(2) Scholarship and Loan Forgiveness recipients are eligible for incentives as follows:¶

(a) Scholarship recipients under the Scholars for a Healthy Oregon Initiative at Oregon Health and Science University shall receive a scholarship covering the entire cost of tuition and fees for the participant's health care education at the university.¶

(b) ~~Students attending other educational institutions participating in educational or training programs other than those identified in 409-036-0080 (3)~~ shall receive a scholarship or loan forgiveness covering an amount equal to at least half of and up to the entire cost of tuition and fees for the participant's health-care education training in the program in which they are participating, at the discretion of the institusponsoring organization, so long as the maximum scholarship for each student does not exceed the highest resident tuition rate at the publicly-funded health professional training programs in this state.¶

(3) Insurance Subsidy Recipients. Practitioners in the program who receive an insurance subsidy shall receive a maximum subsidy of:¶

(a) Eighty percent of the actual premium charged for physicians specializing in obstetrics and nurse practitioners certified for obstetric care;¶

(b) Sixty percent of the actual premium charged for physicians specializing in family or general practice who provide obstetrical services;¶

(c) Forty percent of the actual premium charged for physicians and nurse practitioners engaging in one or more of the following practices:¶

(A) Family practice without obstetrical services;¶

(B) General practice without obstetrical services;¶

(C) Internal medicine;¶

(D) Geriatrics;¶

(E) Pulmonary medicine;¶

(F) Pediatrics;¶

(G) General surgery; or¶

(H) Anesthesiology;¶

(d) Fifteen percent of the actual premium charged for physicians and nurse practitioners other than those included in OAR 409-036-0080 (3)(a) to (c).-¶

(4) Other subsidies. The Authority may provide grants to an organization to support innovative or evidence-based practices for recruitment and retention of health care providers.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454