

Public Comments: Chapter 409-036, updating incentive program descriptions based on external partner and internal recommendations.

This document was last updated on May 4, 2026.

The [Health Care Provider Incentive Program](#) offers loan repayment, loan forgiveness, scholarships, and malpractice insurance subsidies to students and professionals who commit to serving patients in Oregon's rural or underserved areas.

This document includes written public comments related to the Health Care Provider Incentive Program rules updating incentive program descriptions based on external partner and internal recommendations. The Oregon Health Authority (OHA) conducted rulemaking on OAR 409-036 and received public comments from April 1, 2026, to April 21, 2026, as part of the rulemaking process by email to jill.m.boyd@oha.oregon.gov. This document presents the comments in the manner and order they were received and may include typos or misspellings.

Personal contact information for those who made the comments has been removed, as well as personal health information.

OHA expresses no views on the substance of these comments. They are published for transparency and not as an endorsement by OHA of the views expressed.

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Public Comment

1. OAR 409-036: Public Comment

Received 04/10/26

Bill P., Office of Rural Health: Happy Friday! Thank you so much for taking notes on my thoughts as the RAC process played out! The points below accurately reflect the issues I brought up, and I would like them added to the public comments.

Thanks again!

- 409-036-0020 (4): The reference to “this” is unclear, as scholarships are not institutions.
- 409-036-0030 (1)(a)(C): The term “dental assistant” is not defined in the definitions section (409-036-0010), please consider adding to the definition list.
- 409-036-0030(5)(d), 409-036-0035(6)(e), 409-036-0040(8)(e): Update these sections to reference the definition of “Qualified Practice Site” provided in 409-036-0015.
- 409-036-0030(5)(f), 409-036-0035(6)(g), 409-036-0040(8)(g): Revise the language to align with the definition in 409-036-0030(1)(b)(D): “participates in the National Health Services Corps (NHSC), NurseCorps, Oregon Partnership State Loan Repayment Program or the NHSC Scholarship Program, or any other State or Federal program(s) offering funds in exchange for a service obligation, unless expressly permitted under state or federal law.”
- 409-036-0035(2), 409-036-0050(4): Remove references to the Program Website, as application information is now posted solely on the Office website following recent OHA webpage updates.
- 409-036-0035(2)(a): Update the text to state that complete applications must be submitted before the application deadline, as posted on the Office Website, to be considered.
- 409-036-0070(5)(a): Revise to reflect current procedures, clarifying that an award status change must be requested before the change occurs and submitted to the Office of Rural Health, not the Authority.

- 409-036-0090(2): Clarify that written transfer requests must be submitted at least 30 days before the transfer occurs.
- 409-036-0110(1)(b)(D): This language duplicates 1(b)(B); consider removing it.
- 409-036-0120(1) and (3): Non-compliance language appears both here and within each incentive section; consider removing duplicated content.
- 409-036-0120(4)(b): Penalty language previously included in this section has been removed. Recommend reinstating it to remain consistent with the current loan agreement.
- Add a comprehensive list of eligible provider types for each incentive, consistent with ORS 676.454.

2. HCPIP RAC Feedback Form 2025 Submission

Received 11/28/25

Marc O., Southern Oregon University:

- 409-036-0000 Purpose and Scope. I'd suggest adding the words "to support access to care for all people in Oregon" before the phrase related to providing incentives. This offers the broader context for why the program exists, as noted in statute.
- 409-036-0010 Definitions. Consider adding a definition for "educational institution", although the definition of the training program is also quite adequate.
- 409-036-0030. Loan Repayment Eligibility and Requirements. I support the adding of 4) as proposed.

3. RAC follow-up

Received 11/21/25

Pete E., Oregon Health Authority: Hi! I have a couple notes that I didn't want to take up RAC time with.

Definitions: for (25), we can't refer to a webpage definition like that, any rule content has to be written out in rule or statute.

Shall and will are in the draft text, current rules folk guidance is to use must instead of either, as must is the least ambiguous (basic guidance is don't use will, shall, or should; and use may for optional things)

Let me know if you have any questions.

4. For consideration: OAR update for Indian Health Service (IHS), Department of Corrections (DoC), and Veterans Affairs (VA)

Received 11/07/25

Bill P., Office of Rural Health: For the past few weeks, I've been reviewing the OARs in preparation for our upcoming RAC meetings. In 409-036-0140, subsection (d) currently reads: "(d) that the eligible provider participating in the Program serves Medicaid and Medicare patients in no less than the same proportion as such patients are served in the county or other service areas, as determined by the Authority, up to a maximum of fifty (50%) of the eligible provider's patients; and"

We have providers who practice in settings funded through TRICARE, IHS, or Departments of Corrections, where Medicaid and Medicare billing is not permitted. As written, these providers would be unable to meet the requirement. After some consideration, here is my proposed revision to ensure those providers are appropriately included:

(d) The eligible provider must serve Medicaid and Medicare patients in no less than the same proportion as such patients are served in the county or other service area, as determined by the Authority, up to a maximum of fifty percent (50%) of the eligible provider's patient panel.

(d)(A) Exception for Non-Billing or Restricted-Billing Settings. For eligible providers practicing in settings where Medicaid and/or Medicare billing is not permitted based on federal law, facility policy, or payer restrictions, including but not limited to correctional institutions, Veteran's Health Administration facilities, Indian Health Service or tribal clinics, or other federally funded or sovereign entities; the requirement in subsection (d) does not apply.

(d)(B) Providers practicing under subsection (d)(A) must instead demonstrate that their patient panel consists primarily of populations that meet the program’s definition of medically underserved, rural, or otherwise priority populations as determined by the Authority. Providers must also comply with any additional service verification or reporting requirements established by the Authority for such settings.

Let me know if you have any questions.

The section I was referring to was listed under the “Program Integrity” bit in (3)(d).

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