

DRAFT

2027 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon

Oregon Health Policy Board

Objectives for today

TODAY

IN THIS MEETING

1

Walk through the draft findings

Highlights from the draft evaluation report

2

Hear your feedback

What resonates, what is missing, and what we should consider

3

Keep the input coming

Online feedback form open through end of day Wednesday, November 4

AFTER TODAY

The findings included in this presentation are preliminary and have yet to be contextualized or validated by program staff or subject matter experts.

This is why we are gathering feedback today.

Estimates rely on administrative and/or aggregated data.

Patterns and findings may reflect circumstances or have explanations that are not visible in the data itself.

Your input and context will shape the final report.

- **HB 3261 (2017)** requires the Oregon Health Policy Board (OHPB) to evaluate the effectiveness of state financial incentive programs in recruiting health care providers.
- Specific measures outlined in HB 3261:
 - ➡ • Location and duration of service
 - ➡ • Main services provided, discipline, specialty
 - ➡ • Hours of direct patient care
 - ➡ • Percentage of services provided through telemedicine
 - ➡ • Demographic information
- The final report is approved by the Health Care Workforce Committee and OHPB and is due to the legislature in January 2027.

Evaluation Framework: RE-AIM

CONTEXT

Reach

Who the program reaches

Who applies and receives incentives?
Are high-need areas & populations reached?

Effectiveness

Workforce and access outcomes

Do incentives improve recruitment, retention, workforce supply, and access?

Adoption

Uptake by providers / organizations

How aware are providers and organizations? What barriers affect participation?

Implementation

Delivery, adaptations, efficiency

Have programs been implemented as intended?

Maintenance

Long-term workforce impact

Are workforce impacts sustained and programs positioned for long-term success?

Programs we will cover today

ROADMAP

Loan repayment

448 recipients

Pays down existing student debt for people already practicing, in exchange for service (HCPLRP, BHLRP, SLRP).

Loan forgiveness

117 recipients

Supports students now in exchange for a service obligation later (PCLF).

Scholarships that require service

152 awards

Covers tuition at OHSU in exchange for service after graduation (SHOI).

Scholarships without a service requirement

371 students

Broadens the pipeline into health careers, with no service obligation attached.

Career pathways & training

2,196 people trained

Reaches people before they enter the workforce, and workers adding new skills.

Fee waivers

4,184 registrations

Covers certification, exam and training costs. Reaches the most people of any type (behavioral health, Interpreter).

Insurance subsidy and tax credit

5,021 recipients

Lowers the cost of practicing rurally for providers already working there (RMPIS, RPTC).

Acronyms

ORIENTATION

HCPLRP Health Care Provider Loan Repayment Program

BHLRP Behavioral Health Loan Repayment Program

PCLF Primary Care Loan Forgiveness

RMPIS Rural Medical Practitioners Insurance Subsidy

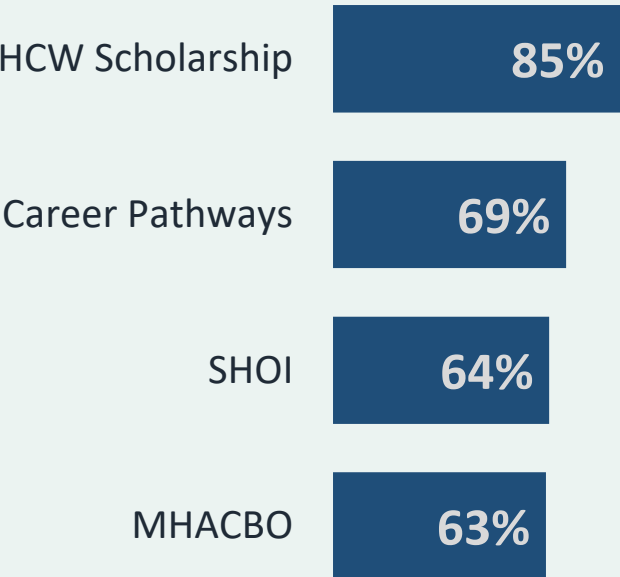
RPTC Rural Practitioner Tax Credit

Recipient Demographics

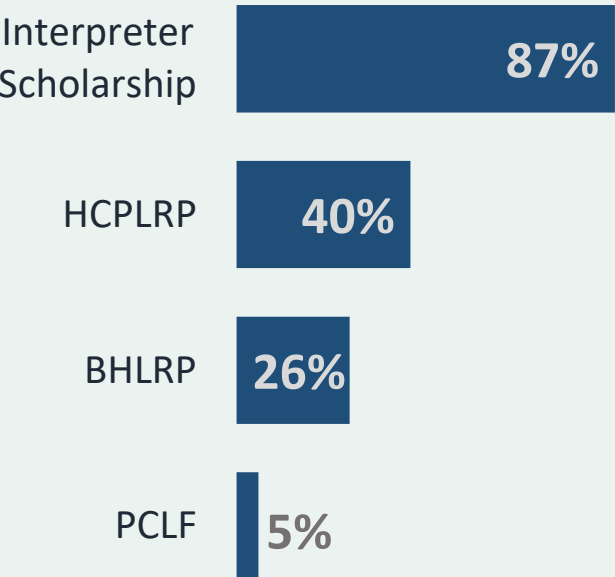
ACROSS PROGRAMS

- Percent of respondents in each program

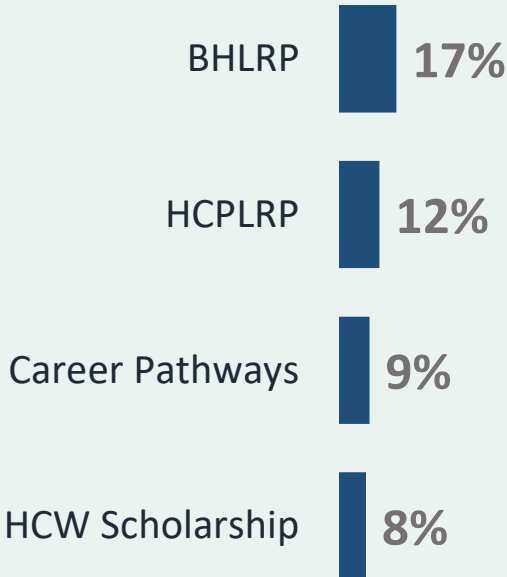
Gender Identity = *woman or girl*



Language other than English



Any disability or functional limitation



Race and ethnicity of incentive recipients

ACROSS PROGRAMS

Program	Data years	Hispanic or Latino/a/x/e	Black or African American	AI/AN	Multiracial	White
Health Care Provider LRP	2018-2026	11.5%	5.3%	2.5%	3.7%	—
Behavioral Health LRP	2018-22, 2024-26	18.6%	5.3%	6.2%	—	—
Primary Care Loan Forgiveness	2018-2026	10.3%	—	—	—	—
Scholars for a Healthy OR Initiative	2018-19 to 2025-26	23.7%	—	—	—	—
Healthcare Workforce Scholarships	2021-2025	38.0% other than white (combined)*				—
Healthcare Workforce Pathways	2025	25.7%	—	—	—	47.6%
Interpreter Retention†	2025	38.7%	—	—	—	33.3%
RMPIS	2024-2026	1.2%	—	—	1.2%	33.3%

Shares are of all recipients. Dash = not reported for that group. Data systems differ (program demographic data vs. REALD/SOGI), so values are not directly comparable across programs. AI/AN = American Indian or Alaska Native.

* AI/AN, Asian, Hispanic or Latino/a/x/e, Black or African American, MENA, or NHPI as primary race or ethnicity (REALD/SOGI). HCW Pathways uses REALD primary identity.

† Alone or in combination; categories overlap, so no summary share is calculable.

Direct Patient Care

ACROSS PROGRAMS

34.3 hrs/wk

HCPLRP

n = 258

32.4 hrs/wk

BHLRP

n = 43

34.0 hrs/wk

PCLF

n = 60

37.5 hrs/wk

RMPIS

n = 978

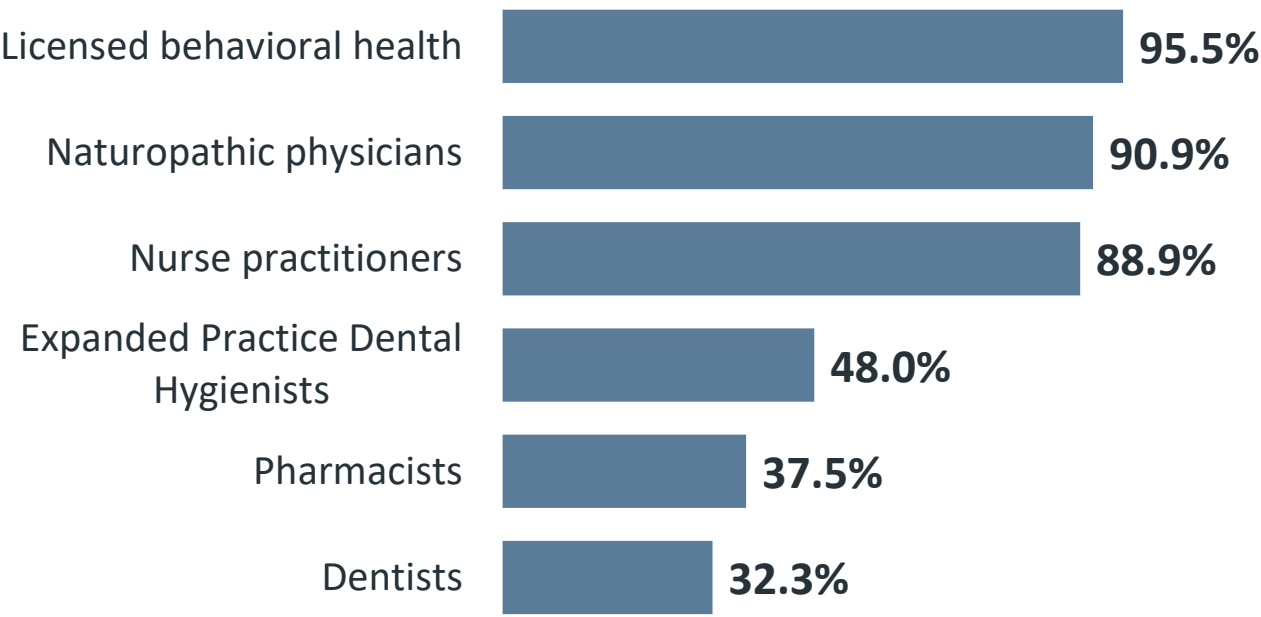
BH Provider Type	HCPLRP hr/wk	BHLRP hr/wk
Licensed	25.1	
Pre-Licensed		32.8
LPC		29.0
LCSW		31.4

Provider Type	HCPLRP hr/wk	PCLF hr/wk	Ins Sub hr/wk
Physicians (MD/DO)	35.7	35.2	37.5
Physician Associates	34.7	34.1	
Nurse Practitioners	36.9	34.9	37.3
Naturopathic Phys.	35.7		
Pharmacists	34.7		
Dentists	35.1		
Expanded Practice Dental Hygienists	32.3		

Source: Health Care Workforce Reporting Program (loan repayment, behavioral health loan repayment, loan forgiveness) and ORH participant data (insurance subsidy). Insurance subsidy hours are total reported work hours at rural and urban practice sites, used here as a proxy for patient care time.

Care Delivered by Telehealth

Share of Health Care Provider LRP recipients who deliver any care by telehealth, by profession



58%

Of HCPLRP recipients*

deliver some care by telehealth (n = 180)

86%

of BHLRP recipients

deliver some care by telehealth (n = 43)

Small share of actual visits

- 2.6% of outpatient visits (HCPLRP)
- 21.3% of visits (BHLRP)

Note two measures of telehealth use

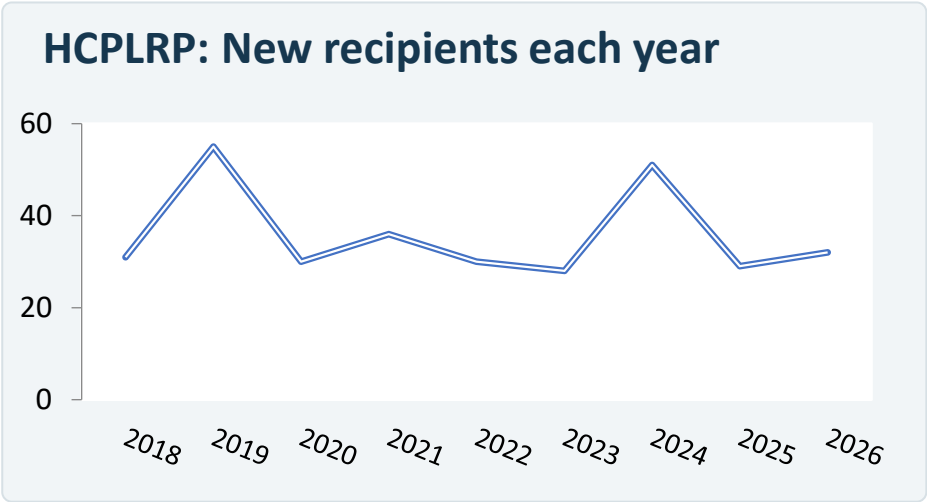
Health Care Workforce Reporting Program: % using telehealth at current primary or secondary practice location

PRISM End-of-Year Survey: Average reported % of outpatient visits via telehealth

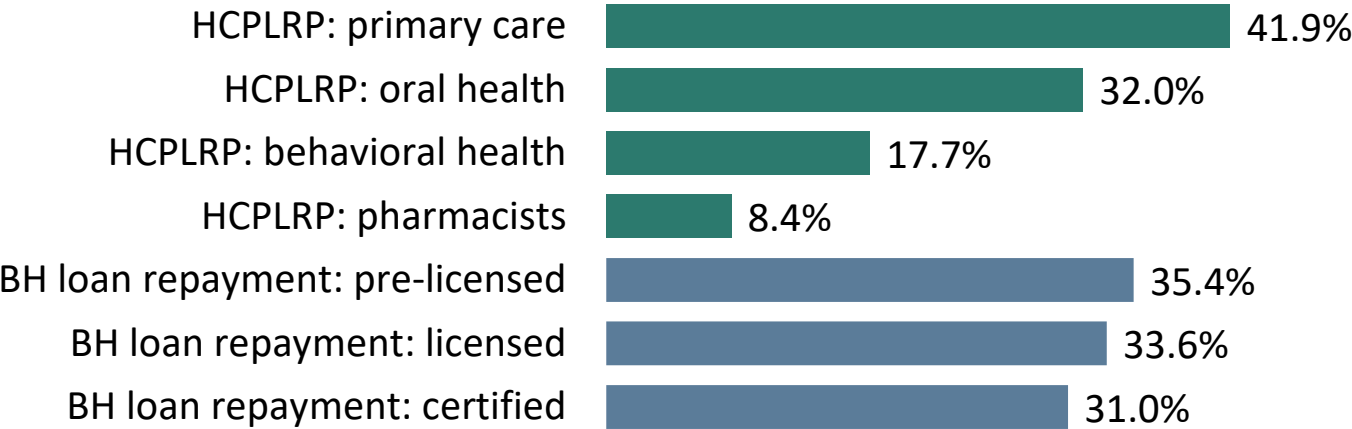
Source: Health Care Workforce Reporting Program, 2026 (share using telehealth); PRISM end-of-year surveys (share of visits). EPDH = Expanded Practice Dental Hygienist

* Physicians and physician associates are not asked telehealth questions in the licensing survey and are not in these numbers.

Loan Repayment: Who was reached



What kind of provider received each award



Thirteen SLRP recipients

Five professions

- Pharmacists are the largest single group at 38.5%.
- The other eight recipients (MDs/DOs, NPs, RNs and dentists) fall below the small numbers threshold and cannot be broken out.

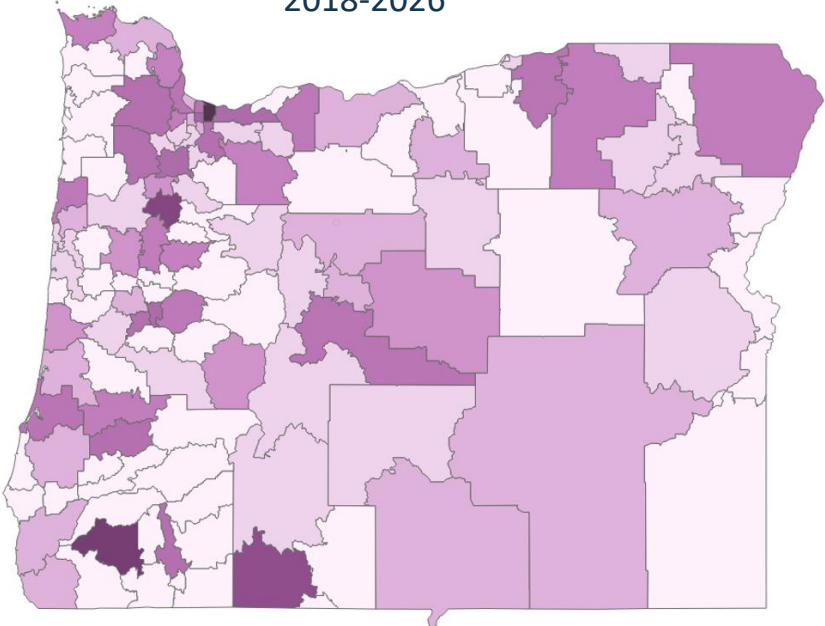
Source: ORH participant data, 4/1/2018-6/30/2026. Dates shown are award dates, not the service obligation period. Counts are unduplicated within each program but not across programs.

Loan Repayment: Where were they?

LOAN REPAYMENT

HCPLRP, 322 recipients

2018-2026



darker shading = more recipients

71.9%

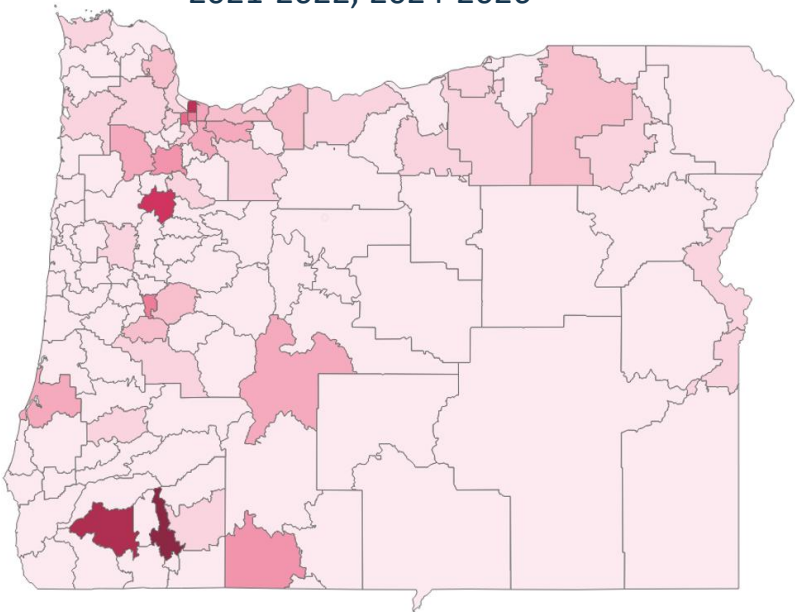
Rural or remote
(2026)

>50%

Higher-need area
for their discipline

BHLRP, 113 recipients

2021-2022, 2024-2026



darker shading = more recipients

77.6%

Rural or remote
(2026)

50.4%

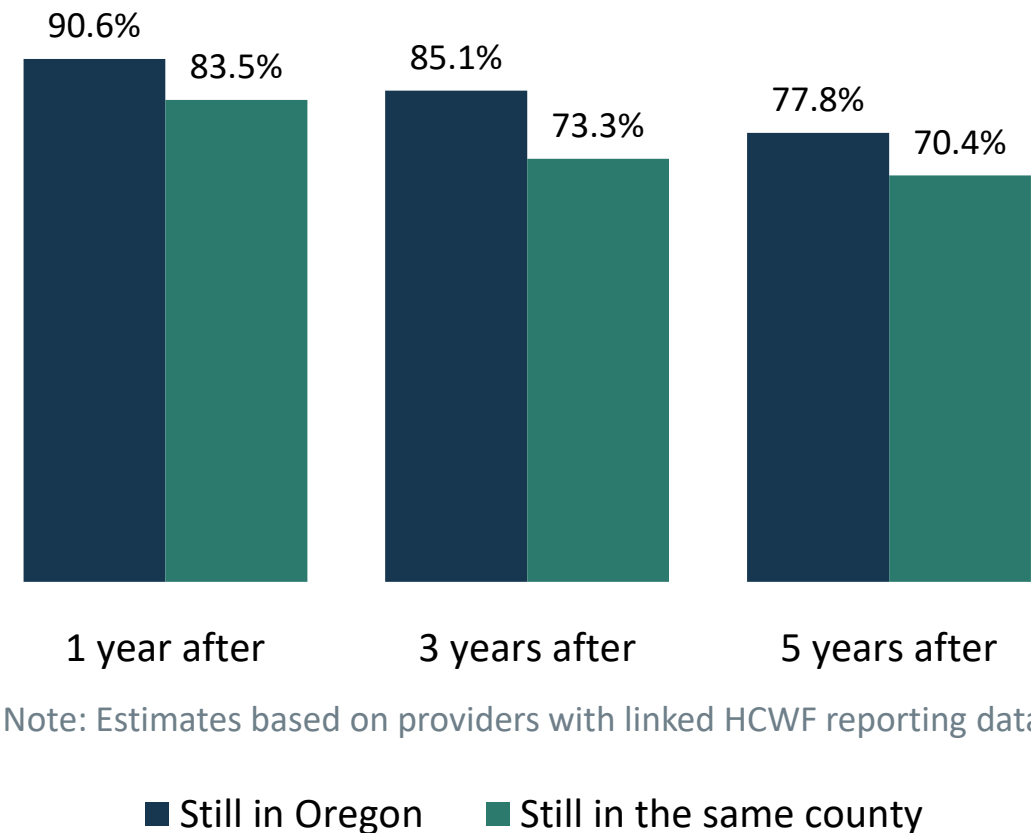
Area with low BH
supply per capita

Higher-need characterized as a Service Area with Areas of Unmet Health Care Need Score > state average (50) based on 2026 AUHCN data. This may not portray unmet needs at the time of LRP award or other eligibility factors for a specific LRP program.

Source: ORH participant data and 2026 Areas of Unmet Health Care Need data. Maps show unique recipients whose primary practice site falls in each service area; darker shading means more recipients. The exact SLRP rural share is suppressed under OHA small numbers rules; the report states it is over three-quarters.

Loan Repayment: Who stays?

HCPLRP: Share still practicing, by how long after service ended



Retention in BHLRP

1 year after service:

- 77.8% in Oregon
- 72.2% in the same county

2 years after service:

- 93.3% in Oregon
- 72.2% in the same county

Rural recipients stay rural

Among HCPLRP recipients whose service site was rural or remote:

- **87.8%** were in rural/remote practice at 1 year
- **66.7%** were in rural/remote practice at 5 years

Source: Health Care Workforce Reporting Program licensure records only. Survey-based estimates are excluded here. The number of recipients shrinks at longer follow-up because recent recipients have not yet reached those points: HCPLRP falls from 155 recipients at 1 year to 22 at 5 years.

Loan Forgiveness: Who and when?

LOAN FORGIVENESS

117

recipients

2018-2026

\$4.9M

total awarded

average award about
\$55,000

69.8%

of applicants received
an award

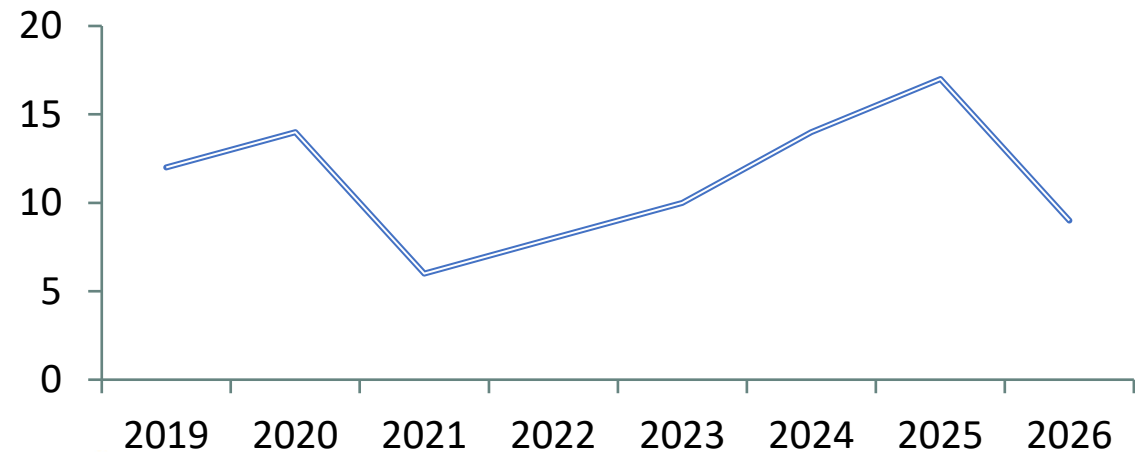
90 awards from 129
applicants

29.1%

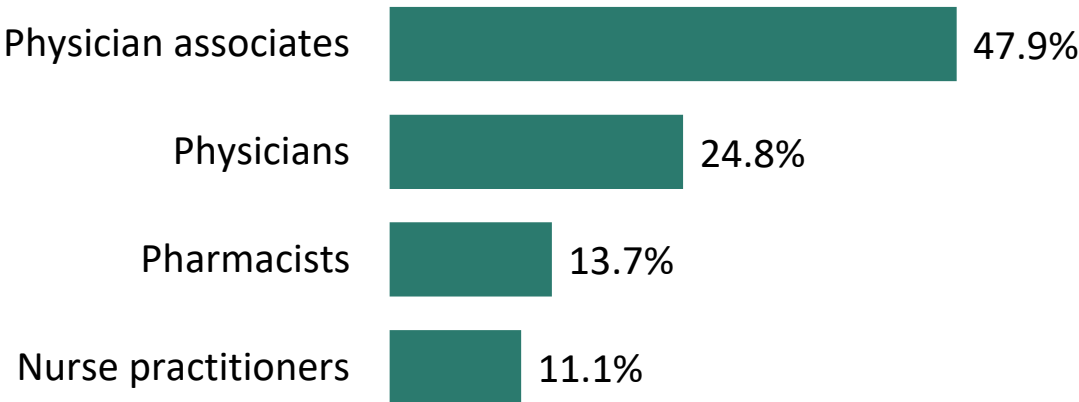
have not started
service yet

34 recipients still in school
or residency

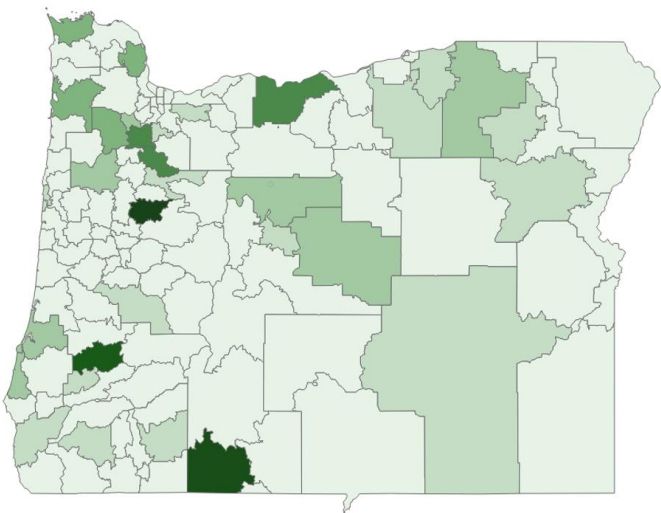
New recipients each year



Which professions received awards



Loan Forgiveness: Where were they?



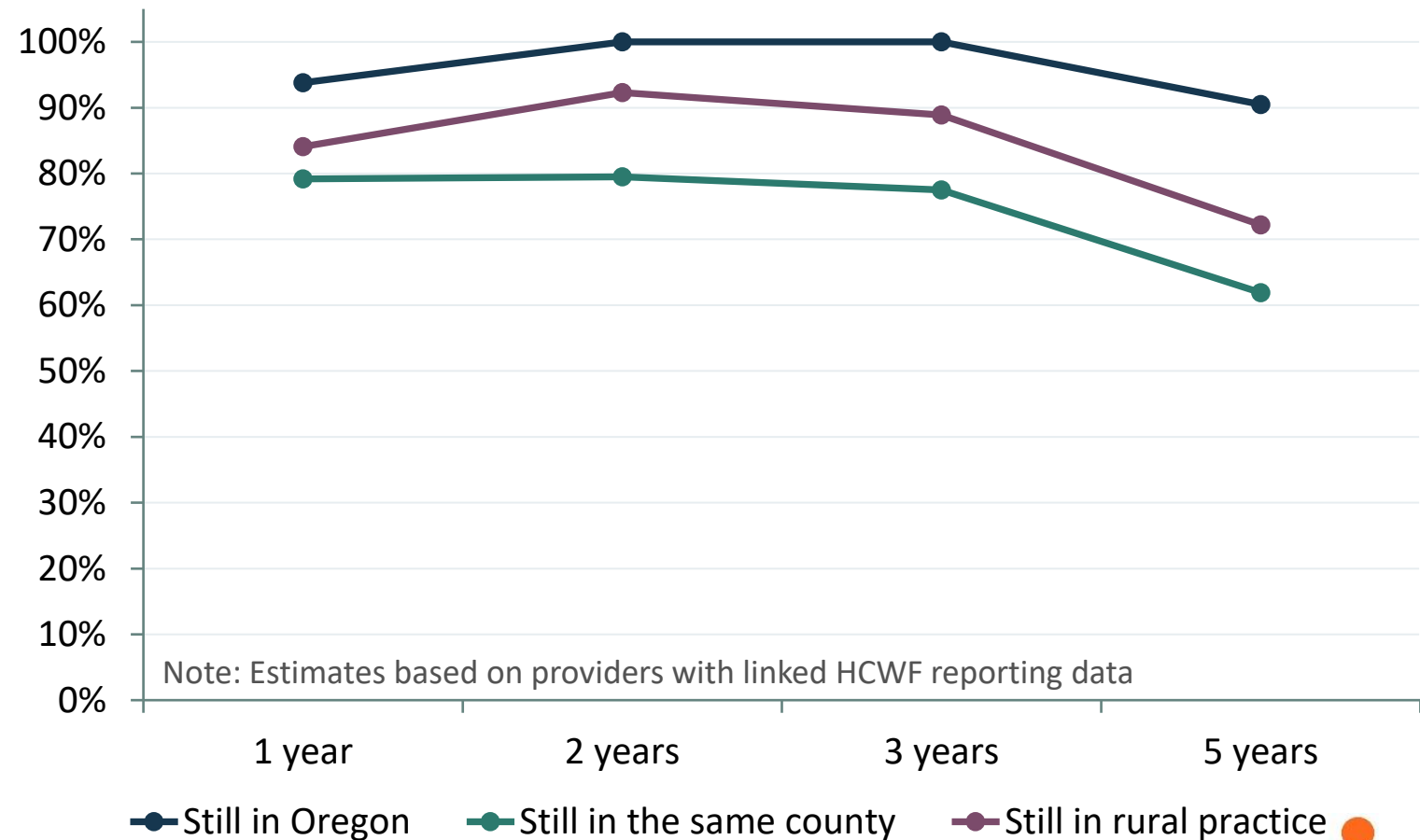
PCLF by Service Area

100%

practiced in a rural/remote service area

70 of the 70 recipients with site data

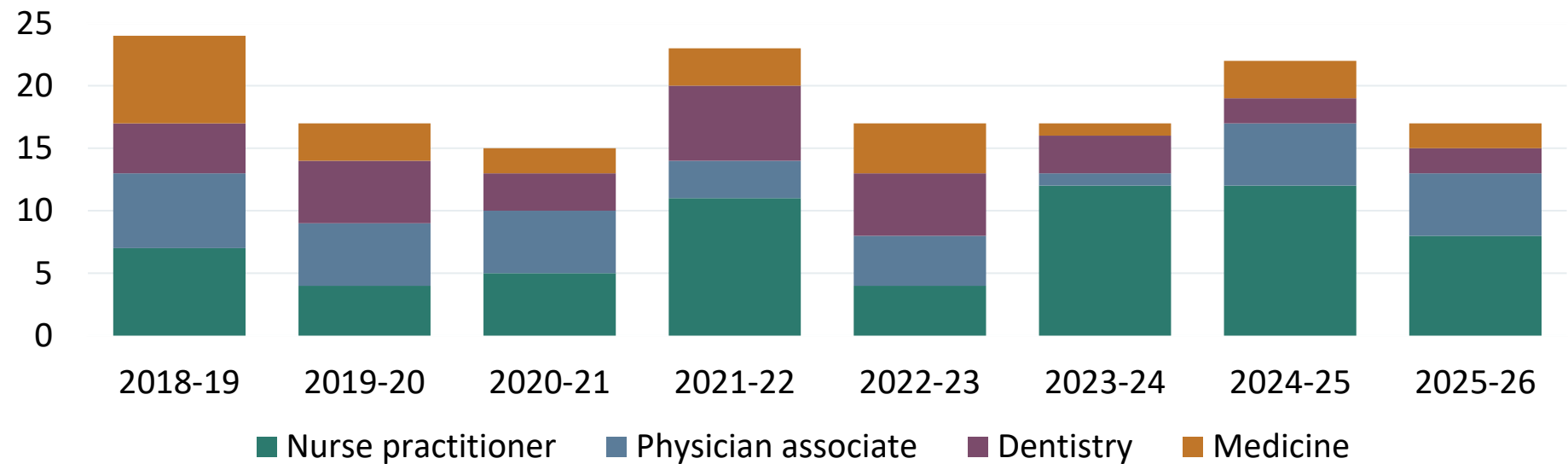
Share still practicing, by how long after service ended



Scholarships: Scholars for a Healthy Oregon Initiative (SHOI)

SCHOLARSHIPS

Recipients by degree and school year



152

awards

2018-19 to 2025-26

\$21.1M

total disbursed

about \$2.6M a year

What changed over eight years

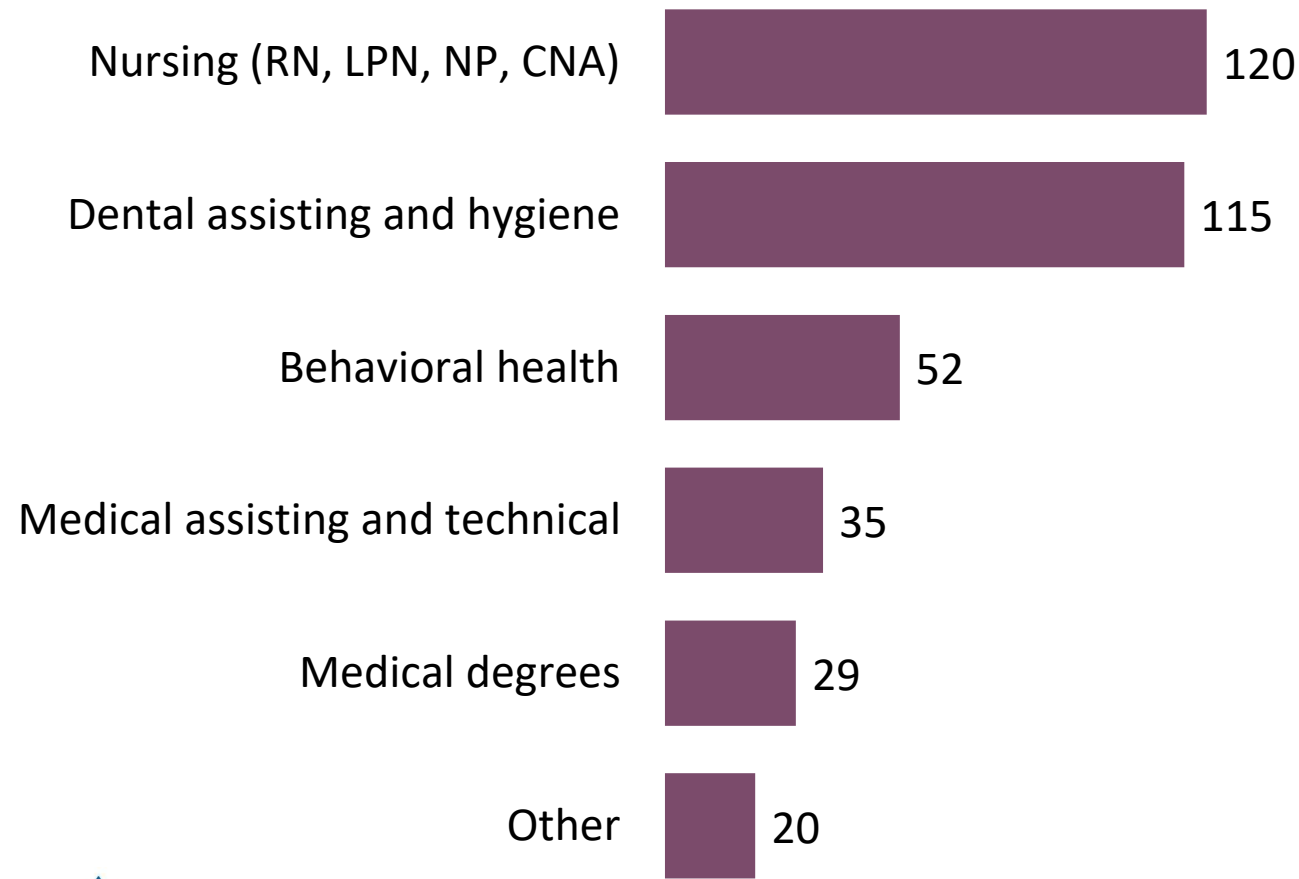
- Nurse practitioners went from 29% of the entering class to 47%.
- Medical students went from 29% to 12%.
- Class size stayed steady, between 15 and 24 students a year.

90.1%

of recipients stayed in the program

did not withdraw, get dismissed or
breach their agreement

What students were studying (numbers of students)



371 students

supported across three biennia

14 in 2019-2021, 156 in 2021-2023, 201 in 2023-2025

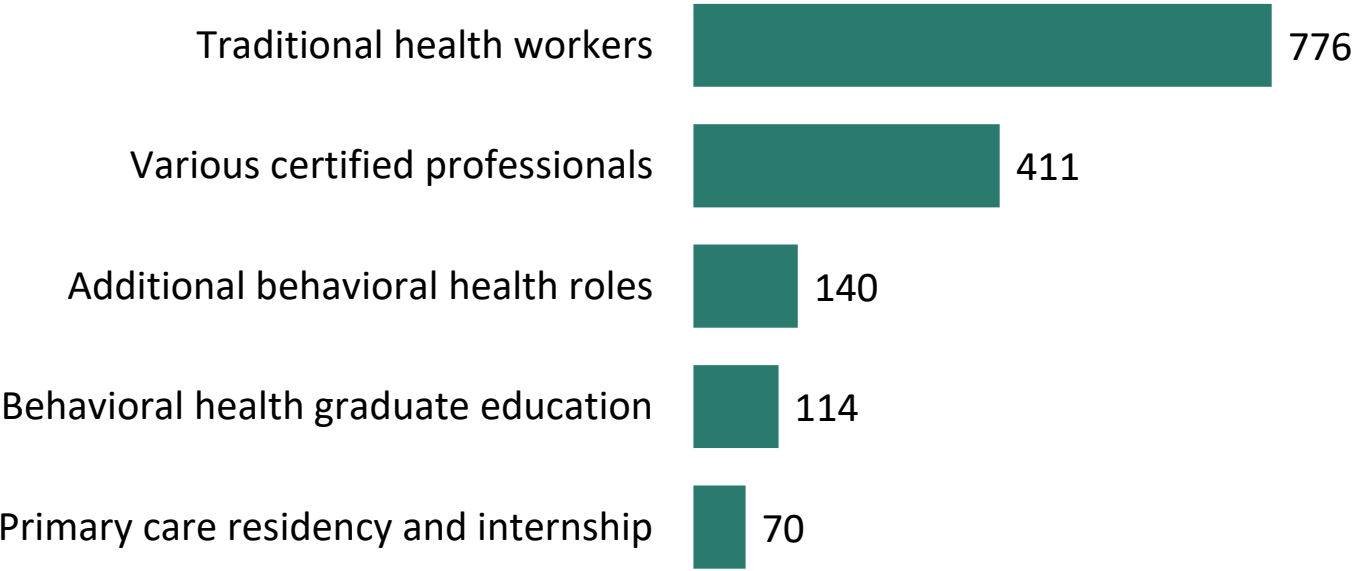
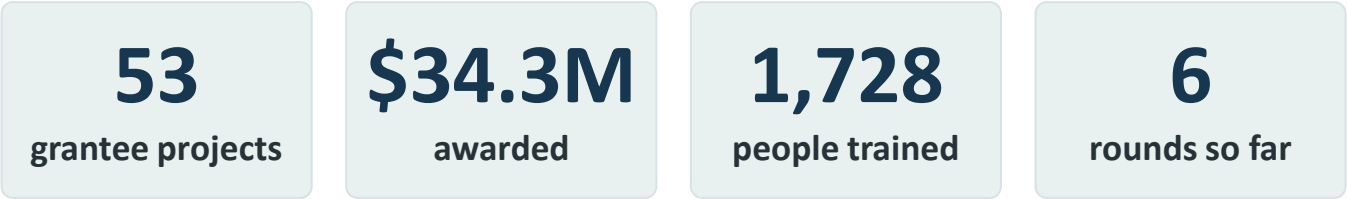
The program has grown and broadened

- Partner institutions went from 3 graduate programs to 8, including community colleges and public universities.
- 39% of the students who answered identified as people of color or Tribal members.

Career Pathways and Training

Healthy Oregon Workforce Training Opportunity (HOWTO) Program

New workers trained, by the role they trained for



Career Pathways Scholarships (grades 8-12)

- June and December 2025
- 468 students received a scholarship
- Schools and programs were spread fairly evenly across the state
 - 22.8% rural
 - 22.6% partially rural
 - 29.2% mixed rural and urban
 - 25.4% urban

Note: Where graduates practice (or will practice) is not yet known

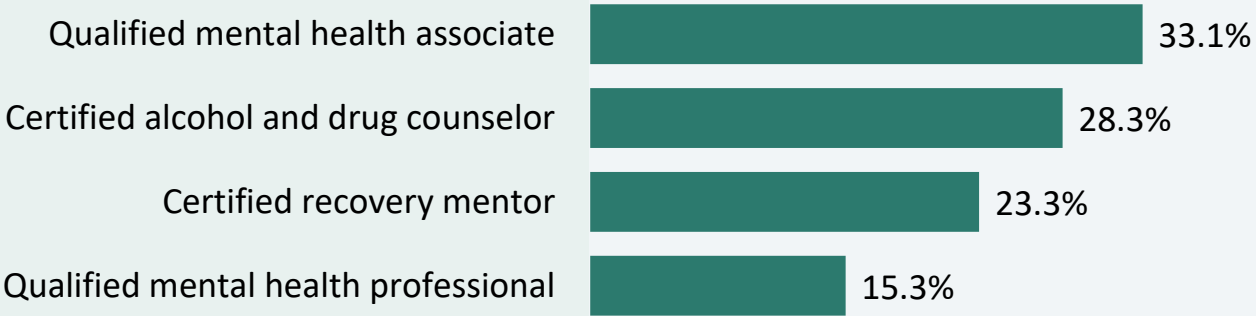
Fee Waivers

FEE WAIVERS

Behavioral health certification and exam fees
(with MHACBO)



Which certifications people were registering for



Health Care Interpreter (HCI) Retention Incentives

- June 2025 – December 2025
- 102 participants
- Most were either enrolled in training (38%) or had completed it (37%)
- Clinical Positions held
 - 40% HCIs-in-training (in 60-hour training program)
 - 32% certified HCIs completing 24 hours of CEUs
 - 30% were current health care providers

Languages participants are certified in (n = 52)

Spanish	46.2%
Russian	19.2%
Ukrainian	13.5%

87% of interpreter participants use a language other than English at home.

Rural Medical Practitioner Insurance Subsidy

INSURANCE SUBSIDY

978

recipients, 2018-2026

78.4% physicians, 21.6% nurse practitioners

98.1%

practice at a rural site

42 recipients also report an urban second site

99.1%

reported hours @ rural sites

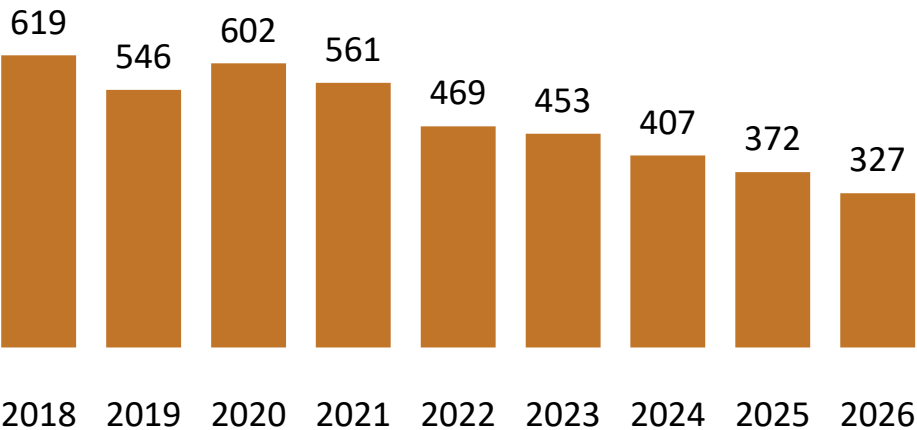
hours linked to location

37.5

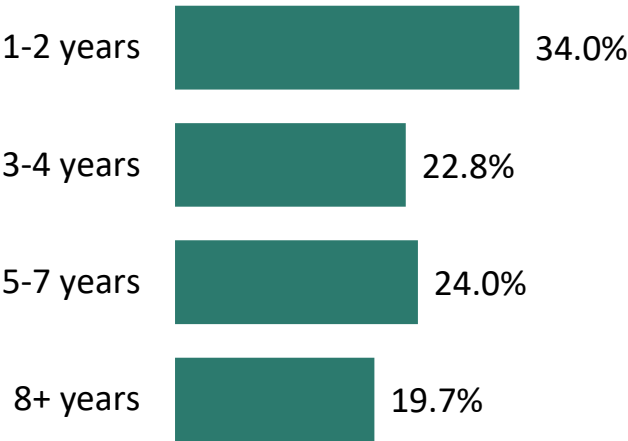
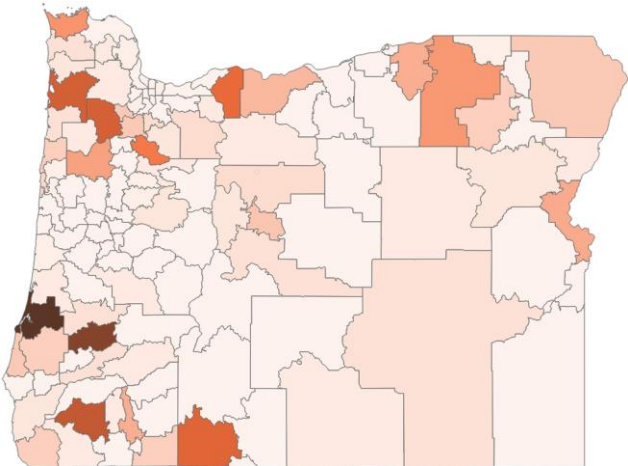
hours worked per week

physicians 37.5, nurse practitioners 37.3

Recipients each year



How long recipients keep the subsidy



RMPIS Recipients by Service Area

Rural Medical Practitioner Tax Credit

TAX CREDIT

4,043

unique providers, 2018-2025

42.3% physicians, 30.8% nurse practitioners, 19.4% PAs

99.1%

practice at a rural site

Based on ZIP Code

106 of 128

service areas reached

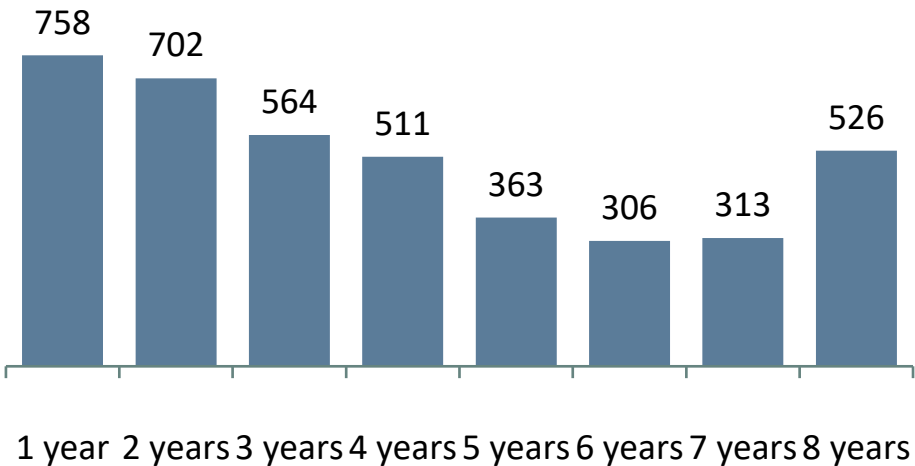
the widest geographic reach of any program

\$63.3M

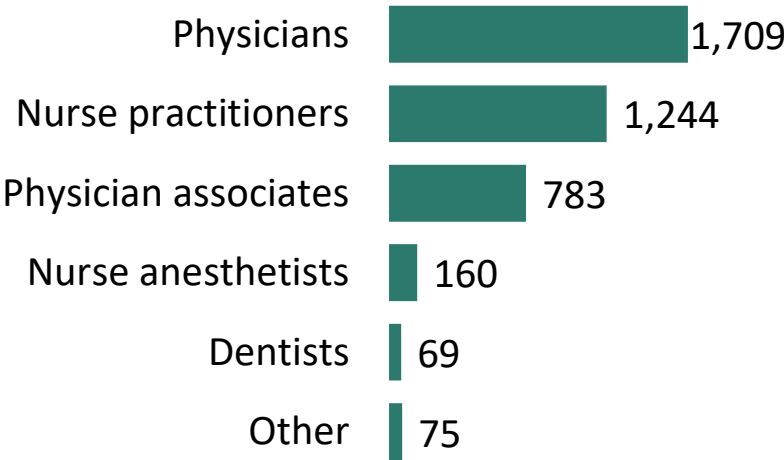
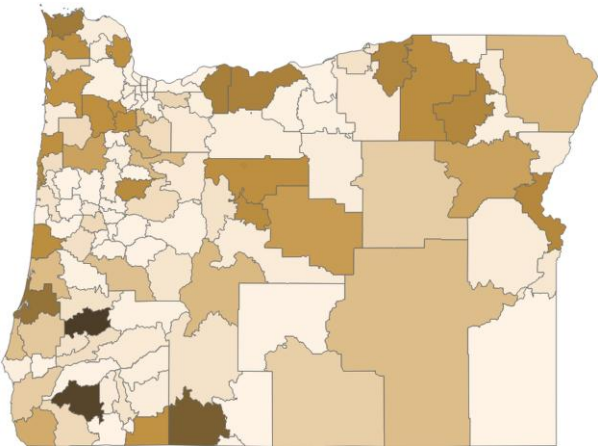
credited over eight years

annual credits of \$3,929 to \$4,022 per recipient

of tax years providers claimed the credit



Engaged Professions



RMPTC Recipients by Service Area

Behavioral Health Workforce Incentives

One-time ARPA funding (HB 2949, 2021; HB 4071, 2022) to recruit and retain behavioral health providers, especially in communities hit hardest by COVID-19

Concluded

Evaluated in this report

Peer Support Services

Grants to 53 organizations for bonuses and peer training

MHACBO fee waivers

Certification, renewal, and exam fees covered

ASWB exam fees

Social work licensing exam fees covered

BLSW license fees

Social work license application and renewal fees waived

MHACBO fee waivers continue for some professions through HCPIP Behavioral Health Retention Incentives.

Ongoing

Evaluation in a future report

Oregon Behavioral Health Loan Repayment

Loan repayment in exchange for a two-year service commitment

Behavioral Health Scholarships

Scholarships through five schools and training programs

Graduate Tuition Assistance and Stipends

Tuition help and stipends at eight graduate schools

Community Mental Health Program grants

County programs fund recruitment and retention incentives

Bonus and Housing Stipend

Hiring and retention bonuses plus housing stipends

Tribal set-aside (HB 2949)

Nine Tribes and the Urban Indian Health Program

MHACBO, Mental Health and Addiction Certification Board of Oregon
ASWB, Association of Social Work Boards
BLSW, Board of Licensed Social Workers

Concluded BHWI programs: Key outcomes

BHWI

Peer Support Services

\$5.0M to 53 organizations, 2023-24

1,190 bonuses (1,103 retention, 87 hiring)

- 533 peers trained; 11 new training programs
- 86% of funds went to urban-designated organizations

MHACBO fee waivers

\$3.6M spent, July 2022-June 2024

16,341 recipients

- About \$220 per recipient
- 39% of spending went to renewals of existing credentials

ASWB exam fees

\$129,910, January 2023-February 2024

505 exam registrations covered

- 73.9% first-time pass rate overall
- 26.9% pass rate when English was not the first language (vs. 80.2% when it was)

BLSW license fees

\$638,872, 100% of funds spent

2,843 application and renewal fee waivers

- 961 supported entry to LCSW practice
- 38% were CSWA renewals

All were one-time ARPA-funded programs and have ended. MHACBO fee waivers continue for some professions through HCPIP Behavioral Health Retention Incentives. Acronyms: MHACBO, Mental Health and Addiction Certification Board of Oregon; ASWB, Association of Social Work Boards; BLSW, Board of Licensed Social Workers; LCSW, Licensed Clinical Social Worker; CSWA, Clinical Social Work Associate.

Other BHWI programs: Early counts

Final data arrive after this evaluation window; full results will appear in the next report.

286

students awarded a behavioral health scholarship

5 programs, about \$2M; 200 past their graduation date

224

graduate students received tuition assistance or stipends

8 institutions

1,696

bonuses and housing stipends awarded by 20 organizations

Bonus and Housing Stipend program: 1,292 retention, 304 hiring, 100 housing

Still to come

- Behavioral health loan repayment: service commitments end October 2026
- Community Mental Health Program grants: agreements end September 30, 2026
- Tribal set-aside (HB 2949): Tribes report gains in hiring, clinical supervision, credentialing, and culturally grounded training

What we can and cannot measure

Good

Individual records exist and link to workforce data

Partial

Data exist but are incomplete or only at program level

Limited

Little usable or available data

None

Not collected, or not applicable to this program

	Who was reached	Rural and high-need placement	Hours of direct patient care	Retention after service	Demographic data	Telehealth/ Telemed
Loan repayment	Good	Good	Good	Partial	Partial	Partial
Loan forgiveness	Good	Partial	Good	Partial	Partial	Limited
Scholarships + service (SHOI)	Good	Limited	None	Partial	Partial	None
Scholarships	Good	Partial	None	None	Partial	None
Career pathways	Good	Partial	None	None	Partial	None
Fee waivers	Partial	None	None	None	Partial	None
Insurance subsidy	Good	Good	Good	Limited	Partial	None
Tax credit	Good	Good	None	Limited	None	None

HB3261 outcomes of interest

FINDINGS

Do these incentives reach health care workers?

Yes, clearly

Large and varied recipient groups, and the mix of professions differs by program in alignment with the program's design.

Do they reach rural and high-need communities?

Yes, with variation

Several programs are heavily rural. Coverage of high-need service areas is uneven, but may depend on measurement.

Do recipients deliver direct patient care?

Yes, where we can link the data

Recipients work close to full time, concentrated in safety-net settings, with 32 to 38 hours of patient care a week.

Do recipients stay?

Largely yes

Retention in Oregon runs at or near 100%. Retention in the same county declines, but providers remain in Oregon.

Do they reach a diverse workforce?

Yes, where data are available

Diversity in several programs; REALD and SOGI data collection has been implemented.

Do they support telehealth & modern delivery?

Early signs

Telehealth use is common in behavioral health and among nurse practitioners; need better assessment.

Summary of findings

FINDINGS

Provider types, discipline, and specialty

Oregon’s incentives reach every stage of the workforce pipeline, from students in grades 8 through 12 to practicing clinicians and certified behavioral health workers.

Demographic characteristics

Where data were available, many recipients identify with a race or ethnicity other than white alone, and many speak a language other than English. Categories differ by program.

Locations of service

Programs reached their intended settings: nearly all recipients practiced rurally where rural practice is required, and loan repayment reached rural and urban safety-net sites.

Contribution to direct patient care

Recipients reported close to full-time clinical schedules, averaging roughly 32 to 38 hours of direct patient care or clinical work per week.

Services provided through telemedicine

Most HCPLRP and BHLRP recipients delivered some care by telehealth, though it made up a small share of HCPLRP visits.

Applications and awards

Demand for HCPLRP and HOWTO has grown faster than available awards, and faster than demand for any other incentive program

Retention

Most recipients remained in Oregon after their service obligation ended; fewer remained in the same county.

All findings are descriptive

There is no comparison group of providers who did not receive an incentive, so findings show patterns, not program effects.

Areas of focus for incentive planning

RECOMMENDATIONS

Design and targeting of Oregon's incentive portfolio, drawn from the findings and the literature.

A

Prioritize incentives with strong evidence

Loan repayment has the best evidence in the extant literature. Evaluate bonuses, stipends, and fee waivers more closely.

B

Unify behavioral health loan repayment

Two programs ran with different rules, obligations, and data. One structure (underway) will improve consistency and messaging.

C

Consider approaches to measuring need

Consider need or shortage designation, knowing a designation can change once providers are recruited.

D

Examine declining participation

Insurance subsidy (RMPIS) participation has decreased. Oregon runs one of only of these cost-offset programs (RPTC & RMPIS)

E

Address the wider environment

Keep supporting supervision, housing, and childcare, which impact recruitment and retention alongside incentives.

F

Match eligibility to current care models

Review eligible disciplines and site types against community needs and emerging models of team-based care.

Recommendations for future evaluations

RECOMMENDATIONS

Built from input from subject matter experts and OHA staff; some are already underway, incl. expanded REALD/SOGI collection

1

Adopt a minimum data standard

Ensure every incentive collects the same core elements: a persistent ID, discipline or role, practice ZIP Codes, need and rural status *at time of award*, and REALD/SOGI.

2

Track all professions, including certified

Licensing data miss certified workers. Consider linking to other registries/records where possible.

3

Set data expectations *a priori*

Define data elements, definitions, and reporting templates before awards are made and write them into contracts, with technical assistance for grantees.

4

Standardize definitions

Count awards, supports, and unique individuals separately. Distinguish obligated, allocated, disbursed, and expended dollars.

5

Measure retention consistently

Report retention at the same site, county, and state, at a specific time interval (e.g., 1, 3, and 5 years), with denominators and missing data tracked as well.

6

Measure the work environment

Collect data on supervision access, caseload, role clarity, and intent to remain at a site. Also collect data from recipients on social determinants of work.

7

Track recipients over time

Develop a longitudinal recipient tracking system, built with ORH and linked to licensing (HWRP) data through the shared ID. Will require added funding and analytic staff.

8

Stagger in-depth evaluations

Report reach, awards, funding, and recipient characteristics for every incentive each cycle; rotate a subset of programs through in-depth evaluation.

Feedback and questions

There are two ways to give us feedback on the draft report.

In the meeting today

Discussion session; guiding questions:

Do the key findings presented here capture the major points of the draft report?

Are there any major gaps, and how could we fill them?

Facilitators have additional prompts if the discussion needs them.

Written feedback form

Please use for anything more detailed:

- Where is more detail needed, and where is less?
- Did you notice any factual errors in your review?
- Is anything missing? Major reports or data sources?
- Any reactions to the recommended areas of focus?

Open until end of day Wednesday, November 4

Thank you.