

Nebraska Rural Health Advisory Commission's

Annual Report

as provided through the
Nebraska Rural Health Systems and
Professional Incentive Act



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

December 2019

PH-PB-3 12/19



Nebraska Rural Health Advisory Commission

December 2019

Name/Location

Appointment Designation

Commission Chairperson:

Marty L. Fattig, C.E.O.
Auburn, NE

Rural Hospital Administrator

Commission Vice-Chairperson:

Rebecca A. Schroeder, Ph.D.
Curtis, NE

Rural Mental Health Practitioner

Sheri Dawson, R.N., Director

NE DHHS – Division of Behavioral Health
Lincoln, NE

NE DHHS Representative
Department of Health and Human Services

April J. Dexter, N.P.

Atkinson, NE

Rural Nurse

Jessye Goertz

Berwyn, NE

Rural Consumer

Michael A.C. Greene, M.D.

Department of Family Medicine – Creighton University
Omaha, NE

Medical School Representative

Cherlyn Hunt

Holdrege, NE

Rural Nursing Home Administrator

Benjamin R. Iske, D.D.S.

Bridgeport, NE

Rural Dentist

Lynette Kramer, M.D.

Albion, NE

Rural Physician

Mark E. Pyle, MHA, Deputy Director

NE DHHS – Division of Public Health
Lincoln, NE

Designee for Director,
Division of Public Health
Department of Health and Human Services

Michael A. Sitorius, M.D., Chairman

Department of Family Medicine – UNMC
Omaha, NE

Medical School Representative

Sandra Torres, M.D.

Omaha, NE

Family Practice Resident

Roger D. Wells, PA-C

Bertrand, NE

Rural Physician Assistant

Nebraska Rural Health Advisory Commission's Annual Report Of the Nebraska Rural Health Systems and Professional Incentive Act

December 2019

EXECUTIVE SUMMARY & IMPACT

- As of December 2019, there are 73 rural incentive program recipients practicing under obligation in Nebraska.
- In small town and rural areas, approximately 40% of family medicine providers have participated in incentive programs. Economic analysis based on years worked shows a significant economic benefit associated with these healthcare providers. This benefit far outweighs the financial investment in the incentive programs. See page 9 of this report for an illustration of overall economic impact.
- According to studies on the economic impact of rural health care, "One primary care physician in a rural community creates 23 jobs annually. On average, 14 percent of total employment in rural communities is attributed to the health sector."
- The rural health incentive programs currently impact over 900,000 people living in Nebraska in underserved areas by providing them access to health care professionals.
- The Rural Health Systems and Professional Incentive Act, passed in 1991, created the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program and the Nebraska Loan Repayment Program.
- The Nebraska Loan Repayment Program assists rural communities in recruiting and retaining primary care health professionals by offering state matching funds for repayment of health professionals' government or commercial educational debt. This program has a 92 percent success rate.
- The Nebraska Rural Health Student Loan Program has provided forgivable student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health students who agreed to practice an approved specialty in a state-designated shortage area.
- The thirteen (13) members of the Rural Health Advisory Commission are appointed by the Governor and confirmed by the Legislature. The Commission's statutory duties include, but are not limited to, establishing state-designated shortage areas, awarding rural student loans and loan repayment to eligible health professionals, and preparing recommendations to the appropriate bodies to alleviate problems in the delivery of health care in rural Nebraska.

¹ Pedley, Andrew J. "Analyzing the Impact of Incentive Programs on Retention of Family Practice Providers in Rural Nebraska," University of Nebraska-Lincoln, [http://dhhs.ne.gov/publichealth/RuralHealth/Documents/Analyzing the Impact of Incentive Programs on Retention.pdf](http://dhhs.ne.gov/publichealth/RuralHealth/Documents/Analyzing%20the%20Impact%20of%20Incentive%20Programs%20on%20Retention.pdf), July 2018.

² Doeksen, G.A., St. Clair, C. F., and Eilrich, F.C. "Economic Impact of Rural Health Care." National Center for Rural Health Works, www.ruralhealthworks.org, September 2012.

³ Based on county and underserved populations.

HISTORY

The Rural Health Systems and Professional Incentive Act (the Act) was passed in 1991 creating the Rural Health Advisory Commission, the Nebraska Rural Health Student Loan Program, and the Nebraska Loan Repayment Program. In 2015, the Legislature added the Medical Resident Loan Repayment Program; however, funding has not been appropriated for this program.

Rural Health Advisory Commission

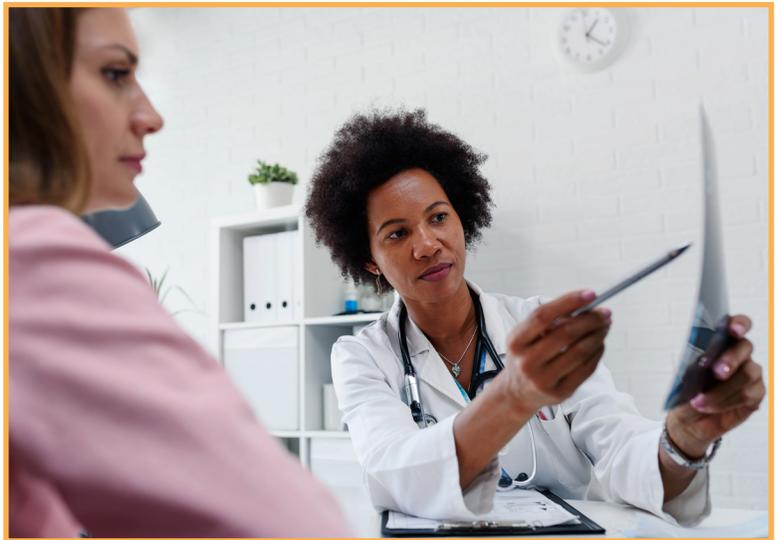
The Rural Health Advisory Commission is a governor-appointed commission consisting of thirteen members as follows: (1) the Director of Public Health of the Division of Public Health or his or her designee and another representative of the Nebraska Department of Health and Human Services; and (2) eleven members appointed by the Governor with the advice and consent of the Legislature. These eleven members include one representative of each medical school located in the state involved in training family physicians, one physician in family practice residency training, one rural physician, one rural consumer representative, one rural hospital administrator, one rural nursing home administrator, one rural nurse, one rural physician assistant, one rural mental health practitioner or psychologist licensed under the requirements of section 38-3114 or the equivalent thereof, and one rural dentist. (*NE Revised Statutes Section 71-5654*)

The purpose of the Commission is to advise the Nebraska Department of Health and Human Services – Division of Public Health, the Legislature, the Governor, the University of Nebraska, and the citizens of Nebraska regarding all aspects of rural health care and to advise the Nebraska Office of Rural Health regarding the administration of the Rural Health Systems and Professional Incentive Act. (*NE Revised Statutes Section 71-5655*)

Nebraska Rural Health Student Loan Program

The Nebraska Rural Health Student Loan Program awards forgivable student loans to Nebraska medical, dental, physician assistant, and graduate-level mental health students who agree to practice an approved specialty in a state-designated shortage area.

Student loan recipients receive a forgivable educational loan while they are in training in exchange for an agreement to practice in a state-designated shortage area the equivalent of full-time for one year for each year a loan is received. The number and amount of student loans are determined annually by the Rural Health Advisory Commission based on state funding.



Legislation passed in 2015 increasing the maximum student loan awards to up to \$30,000 and \$15,000 per year. The Rural Health Advisory Commission has continued awarding student loans in the amount of \$20,000 for doctorate-level students and \$10,000 for full-time master-level students. Because many federal loans are now available without the same requirements, and considering the Loan Repayment waitlist, only continuation awards were offered over the past three fiscal years.

Nebraska Loan Repayment Program

The Nebraska Legislature appropriated funding for the Nebraska Loan Repayment Program for health professionals willing to practice in a state-designated shortage area. Physicians, nurse practitioners, physician assistants, clinical psychologists, masters-level mental health providers, pharmacists, occupational therapists, physical therapists, and dentists are eligible for loan repayment.

The Nebraska Loan Repayment Program requires community participation in the form of a local match and a 3-year practice obligation for the health professional. Communities must do their own recruiting, using the availability of the loan repayment program as a recruitment and retention tool. Once a health professional is recruited a local entity and the health professional must submit a loan repayment application to the Rural Health Advisory Commission. Communities may also use loan repayment to retain a health professional if the area is a state-designated shortage area.

As of summer 2018, health professionals were able to submit applications through the Office of Rural Health website. With an electronic system to track and compile applications, data collection has been streamlined.

State-Designated Shortage Areas

The Rural Health Advisory Commission has the responsibility to designate shortage areas for purposes of the Nebraska rural incentive programs for the professions and specialties defined in the Act. Every 3 years a statewide review of all the shortage areas is completed by the office of Rural Health. If changes occur in an area during the years between the statewide reviews, the community may request a shortage area designation from the Commission. Any data or information submitted for review is verified by the Nebraska Office of Rural Health and University of Nebraska Medical Center – Health Professions Tracking Services. If the area meets the guidelines for state designation, the Commission may designate it. The Rural Health Advisory Commission approved new medical, mental health, dental, pharmacist, physical therapist and occupational therapist shortage areas in April, 2019.

Criteria for the federal and state shortage area designations differ and are used for different federal and state programs. Nebraska Office of Rural Health staff assist with the data requirements and benefits of the various shortage area designations and incentive programs. Guidelines for the state-designated shortage areas and the current federal and state shortage areas are posted on the Nebraska Office of Rural Health webpage.

While the Nebraska rural incentive programs primarily focus on rural shortage areas, specific federally designated sites (Tribal and Community Health Centers) can qualify for family medicine and/or general dentistry, even if not located in a state shortage area.

The Nebraska Office of Rural Health works to maximize state funds for areas not eligible for the benefits under the federal incentive programs due to practice area or practice specialty eligibility. Health professionals who are practicing in a federal Health Professional Shortage Area (HPSA), and are eligible, are encouraged to apply first for the National Health Service Corps (NHSC) Loan Repayment Program or are recommended for the NHSC State Loan Repayment Program (NHSC SLRP) before participating in the Nebraska Loan Repayment Program. Depending on the availability of federal funds, the NHSC will often times award loan repayment to health professionals based on the HPSA score. The availability and funding for federal loan repayment has an impact on where state loan repayment resources are focused. The demand on state loan repayment programs are increased when federal loan repayment programs are less available. When higher HPSA scores are needed to qualify, there is a greater demand for the Nebraska Loan Repayment Program because HPSA scores in Nebraska tend to be lower compared to other areas nationally.

Effective September 1, 2014, the Department of Health and Human Services, Office of Rural Health was awarded a 4-year grant of \$300,000 per year for the National Health Service Corps **State** Loan Repayment Program (NHSC SLRP). This program has the same criteria as the NHSC Loan Repayment Program except a match from the community is required and health professionals can practice in any federal HPSA without regard to the HPSA score. In September 2018, the Office of Rural Health began receiving \$450,000 per year through the NHSC SLRP grant. The Nebraska Office of Rural Health is using the NHSC SLRP to complement the Nebraska Loan Repayment Program. For additional information about the NHSC SLRP, contact the Nebraska Office of Rural Health.



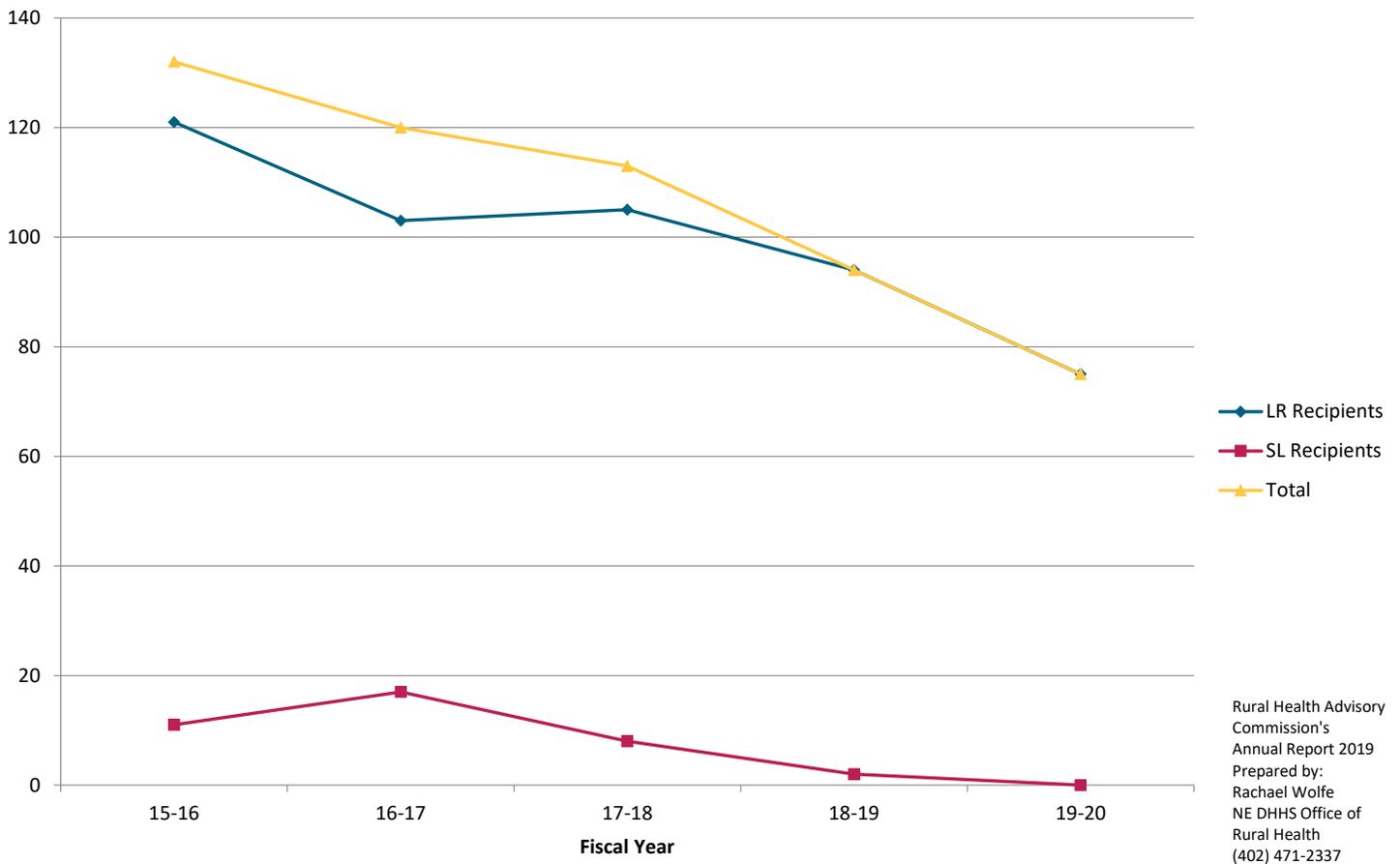
Analysis of the Rural Incentive Programs

Chart 1 shows graphically the number of rural incentive recipients by program receiving payments by fiscal year. The Rural Health Advisory Commission obligated most of the funds for the current fiscal year (FY2019-20) at their November 2018 meeting. Applicants left on the waiting list will not begin practice until FY2020-21 or later. Several factors influence the number of incentive recipients each year. These factors include the amount of state funds available, the amount of each individual incentive award, and the educational level of the recipients.

Chart 1

Nebraska Rural Incentive Programs

Number of Recipients Receiving Payments by Program by Fiscal Year



The demand for the rural incentive programs remains high and total student loan debt is continuing to rise each year. In 2018, the Rural Health Advisory Commission increased the maximum awards to match the maximum allowed by statute - \$30,000 per year for doctorate-level and \$15,000 per year for mid-level and allied health care professionals. Based on the current loan repayment recipients' applications, the mean and median student loan debt for a doctorate-level health care professional are \$248,246 and \$217,759 respectively.

Chart 2 shows the budget appropriation by source for each fiscal year. It is important to note that cash spending authority must provide room for all matching funds, including matching funds for the Federal National Health Service Corps State Loan Repayment Program (NHSC SLRP).

Chart 2
Nebraska Rural Incentive Programs
 State Budget Appropriation by Source by Fiscal Year

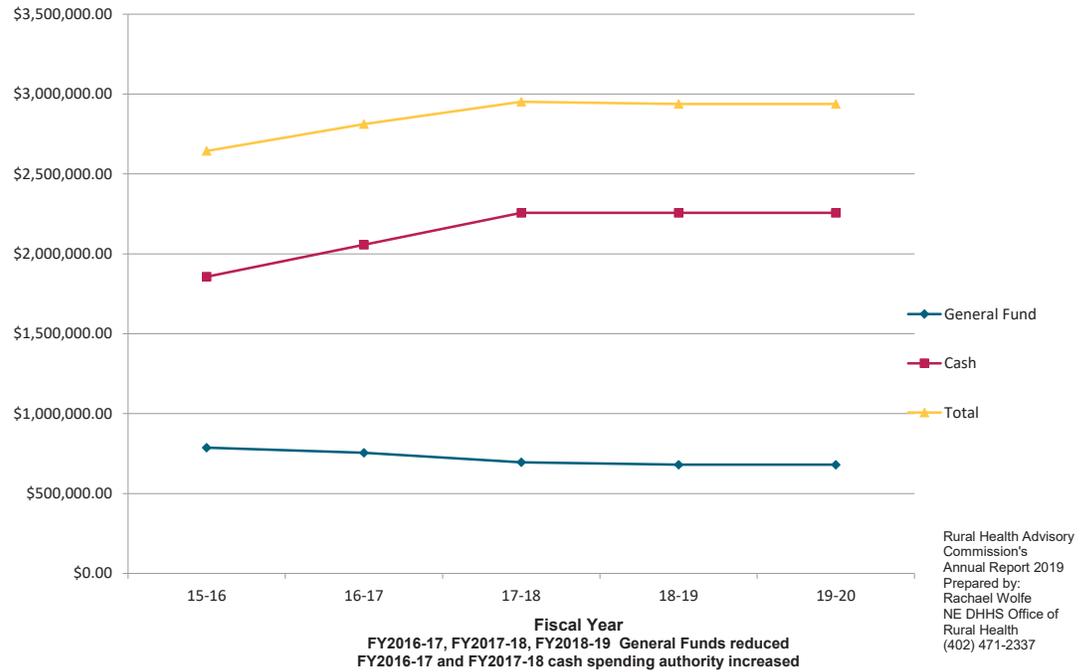
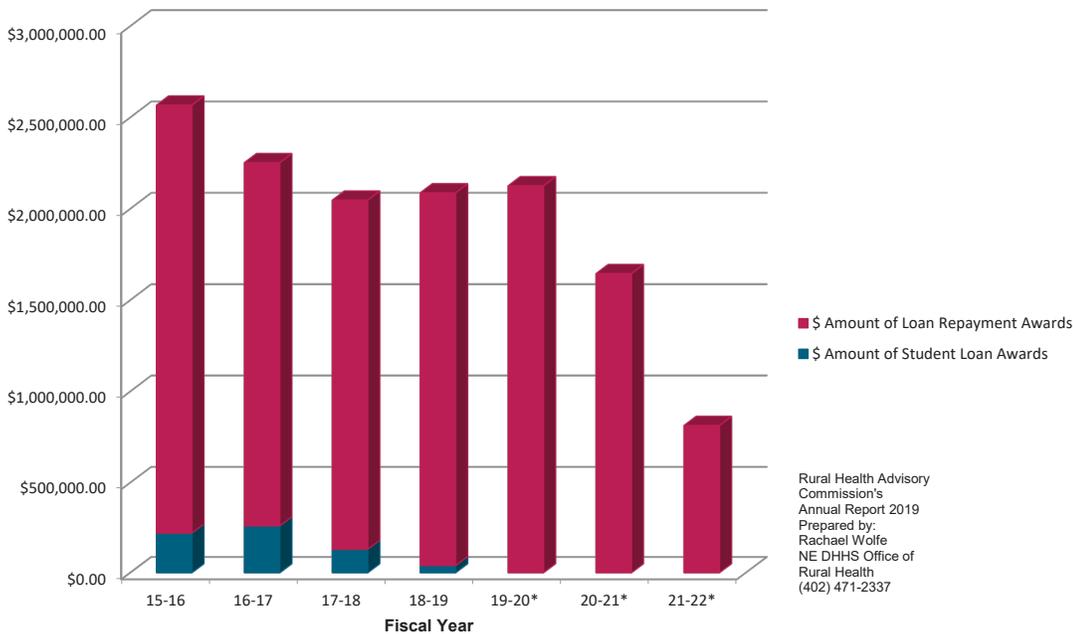


Chart 3
Nebraska State-Funded Rural incentive Programs
 \$ Amount of Rural Incentive Awards by Program by Fiscal Year



*Loan Repayment is a 3-year program, FY2019-20 through FY21-22 shows current LR obligations. New LR recipients are projected to begin in FY2020-21 and have not been included in this chart.

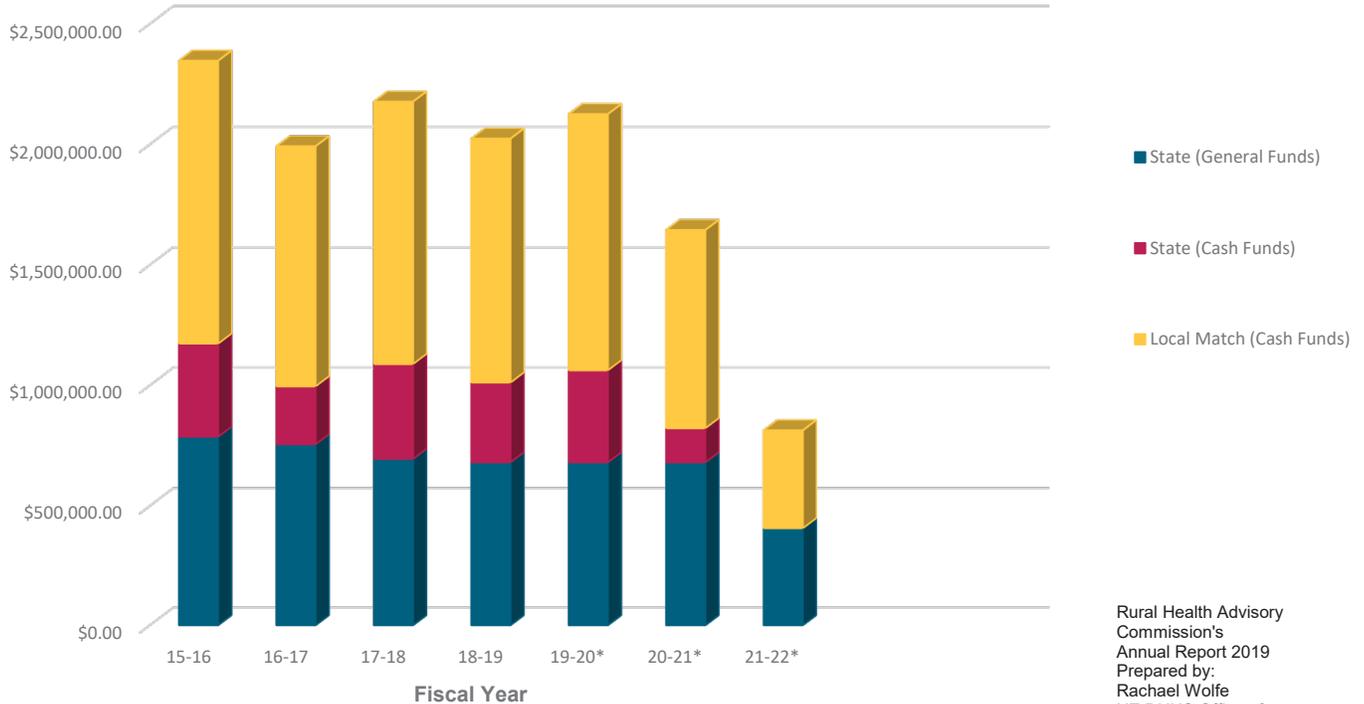
Chart 3 shows the dollar amount of state rural incentive awards by program by fiscal year. Loan repayment awards are made at each Rural Health Advisory Commission meeting as applications are received and state funds are available. Loan repayment requires a 50-50 local-state match and cash spending authority to spend the local match.

Chart 4

Nebraska Loan Repayment Program

\$ Amount of Awards by Contribution Source by Fiscal Year

(Note: Loan Repayment requires a 50-50 State and Local Match. Cash Spending Authority is needed for the Local Match.)



*Loan Repayment requires a 3-year practice obligation. FY19-20 through FY21-22 are based on current obligations.

Rural Health Advisory Commission's Annual Report 2019
Prepared by:
Rachael Wolfe
NE DHHS Office of Rural Health
(402) 471-2337



Chart 4 gives another perspective to the loan repayment awards. Since loan repayment requires a 50-50 state-local match, Chart 4 shows the funding impact of loan repayment awards by fiscal year. The State Match for loan repayment is identified by funding source; general funds and cash funds. The Legislature has granted cash spending authority to use cash funds deposited into the Rural Health Incentive Cash Fund. Once the cash is spent, cash funds will no longer be available for the State Match for loan repayment. If awards continue at the current rate with no infusions, cash funds are estimated to run out by FY2022-23. We would then see a decrease in the number of awards.

The Nebraska Loan Repayment Program requires a 3-year practice obligation so when the Rural Health Advisory Commission awards loan repayment, the obligation of funds is projected over the 3-year practice obligation. Loan repayment awards being made in FY2019-20 will impact the rural incentive program budget in FY2020-21, FY2021-22, and possibly FY2022-23; hence the future budget obligations shown on Chart 4.

Charts 5 and 6 show the number of recipients by profession by fiscal year for the Nebraska Loan Repayment Program and Nebraska Rural Health Student Loan Program; respectively.

Chart 5

Nebraska Loan Repayment Program
\$ Amount of Awards by Contribution Source by Fiscal Year

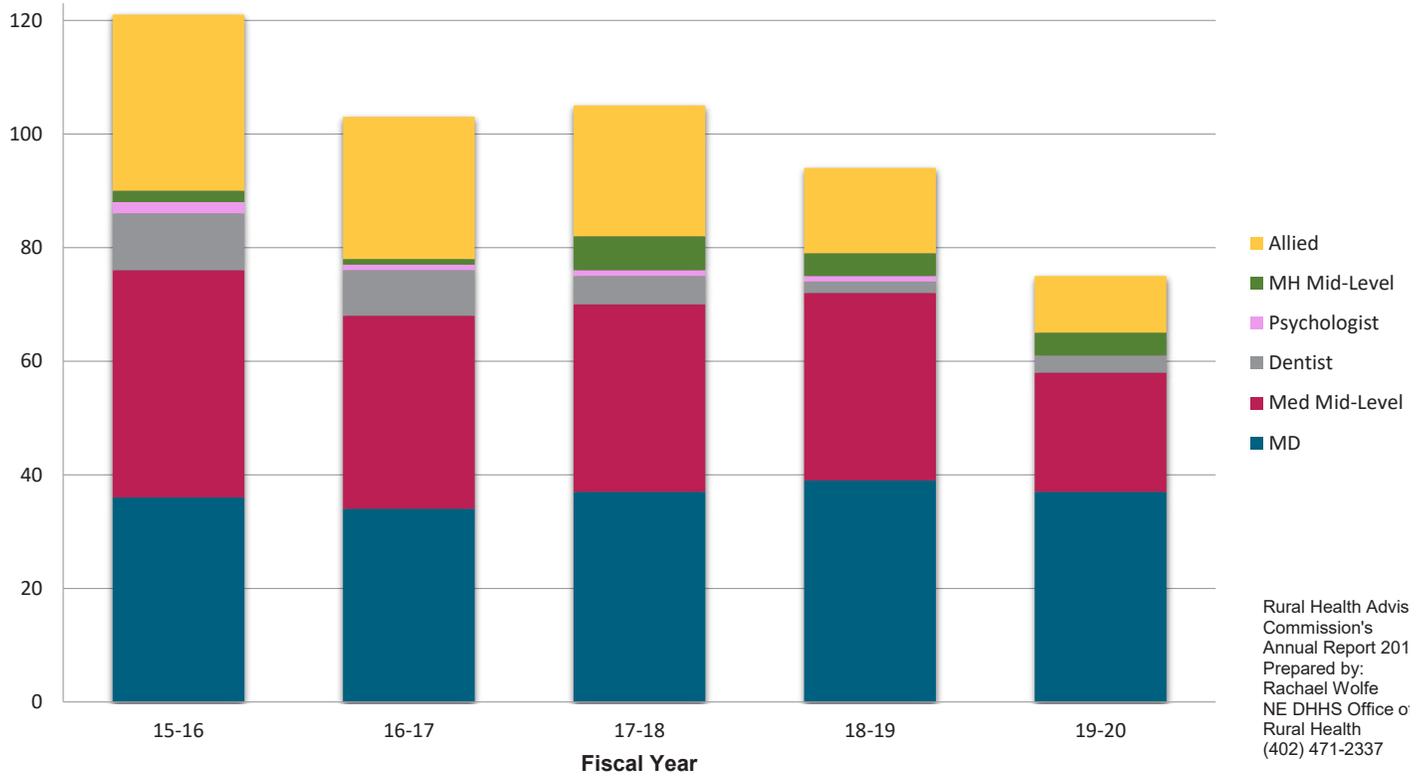
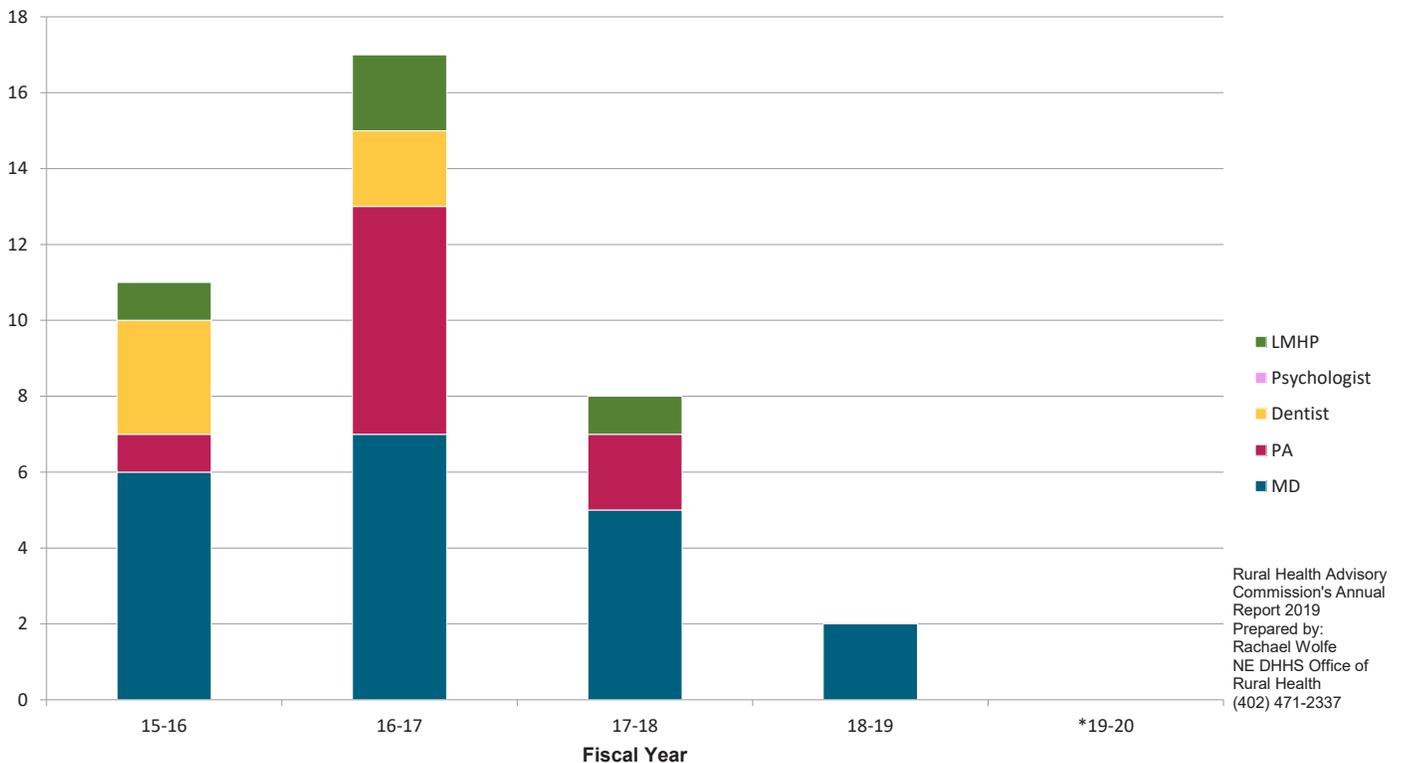


Chart 6

Nebraska Student Loan Program
Student Loan Recipients by Profession by Fiscal Year

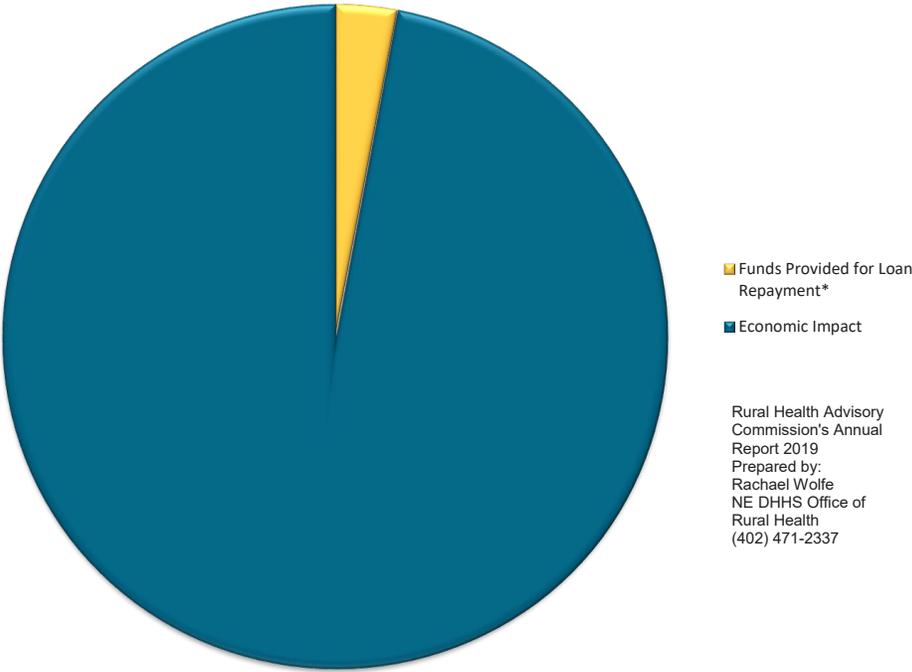


*No new awards were given in FY19-20

Chart 7

Return on Investment for Fiscal Years 2016-2017, 2017-2018, & 2018-19

Chart 7 and Map 1 show the financial impact of the Loan Repayment recipients for Fiscal Years 2017 through 2019, estimated to be \$202,706,000 (two hundred and two million seven hundred and six thousand dollars). This amount is far in excess of the funds provided through loan repayment, as the chart illustrates. This was determined using information from the National Center for Rural Health Works research on financial impacts and the months worked as documented by the Health Professions Tracking Service database. A breakout for each of the disciplines financial impacts is also listed on the map; only behavioral health providers were not included as no financial impact research is available.

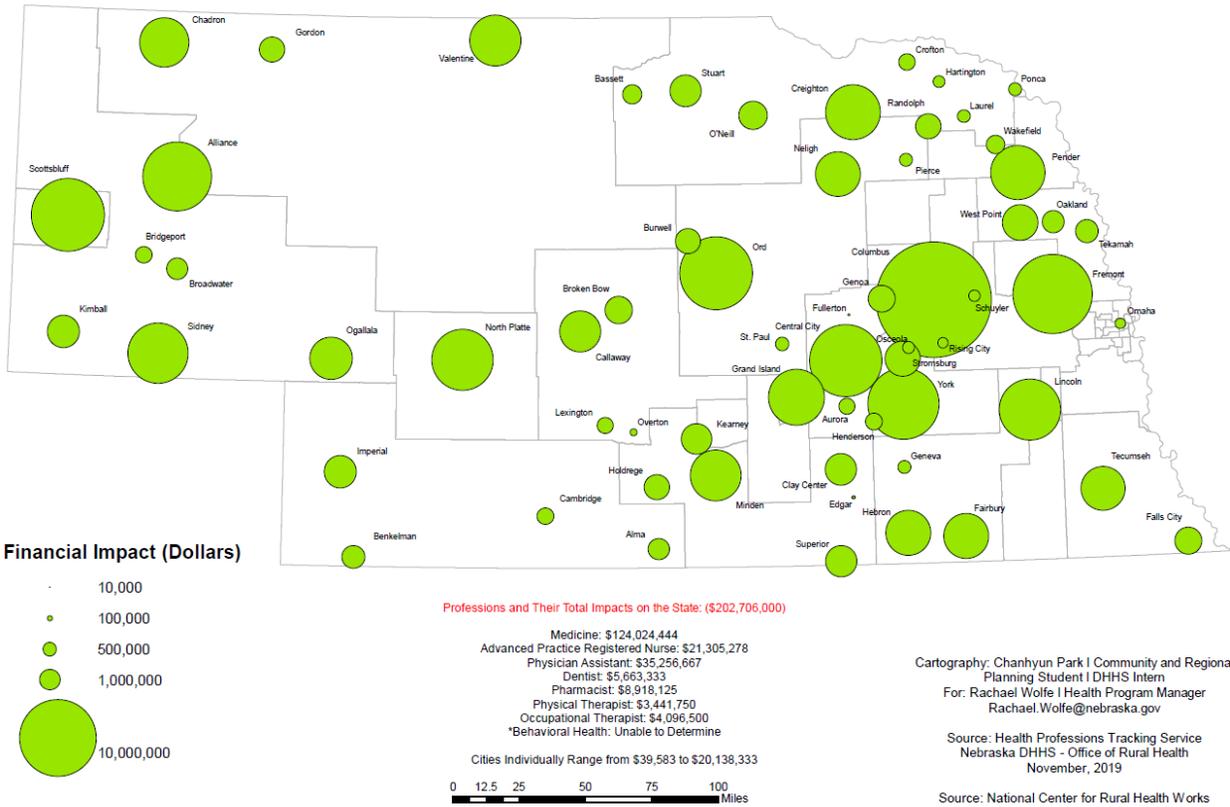


Rural Health Advisory Commission's Annual Report 2019
 Prepared by: Rachael Wolfe
 NE DHHS Office of Rural Health
 (402) 471-2337

*Loan Repayment Funding includes all State and Local Match funds

Map 1

Fiscal Years 2017-2019 Financial Impact of Nebraska Loan Repayment Program and Nebraska Student Loan Program Participants



Map 2 shows The Nebraska Student Loan and Nebraska Loan Repayment program currently obligated health care providers and the counties they served as of November 1, 2019.

Map 2 Currently Serving Nebraska Loan Repayment Program and Nebraska Student Loan Program Providers by Profession and County (73 Total)



- 54 Physician, Advanced Practice Registered Nurse, Physician Assistant
- 5 Psychiatrist, Psychologist, Licensed Mental Health Practitioner
- 5 Dentist
- 9 Occupational Therapy, Physical Therapy, Pharmacy

Numbers in circles on map refer to the count per county, whereas the numbers in the legend refer to the total count of the profession

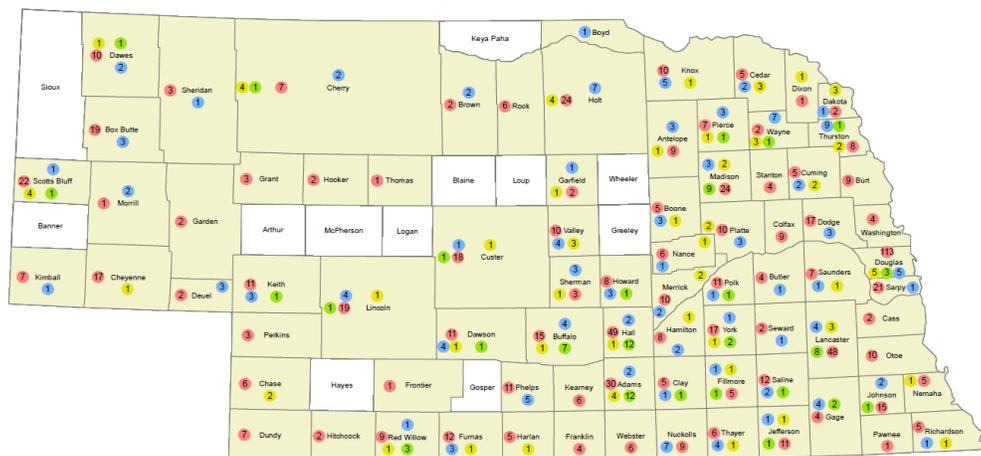


Cartography: Chanhyun Park | Community and Regional Planning Student | DHHS Intern
For: Rachael Wolfe | Health Program Manager
Rachael.Wolfe@nebraska.gov

Source: Health Professions Tracking Service
Nebraska DHHS - Office of Rural Health
November, 2019

Map 3 shows the practice location of all rural incentive recipients who have completed the program or are currently under obligation. All three maps are based on data from the University of Nebraska Medical Center Health Professions Tracking Services.

Map 3 Total All Time Nebraska Loan Repayment Program and Nebraska Student Loan Program Providers by Profession and County (672 Total)



- 461 Physician, Advanced Practice Registered Nurse, Physician Assistant
- 56 Psychiatrist, Psychologist, Licensed Mental Health Practitioner
- 54 Dentist
- 105 Occupational Therapy, Physical Therapy, Pharmacy

Numbers in circles on map refer to the count per county, whereas the numbers in the legend refer to the total count of the profession



Cartography: Chanhyun Park | Community and Regional Planning Student | DHHS Intern
For: Rachael Wolfe | Health Program Manager
Rachael.Wolfe@nebraska.gov

Source: Health Professions Tracking Service
Nebraska DHHS - Office of Rural Health
November, 2019



Table A shows the number of student loan awards issued each year from 2010 through 2019 (as of November 2019). Beginning in 2017, the Rural Health Advisory Commission did not award any new student loans and only awarded continuation loans due to the number of loan repayment applicants on the waiting list. This practice was continued in 2018, with 2 continuation awards. No continuations were awarded in 2019. There are currently 13 obligated students in training.

Table A

Nebraska Rural Student Loan Program
Number of Student Loans by Type & Outcome by Fiscal Year

Fiscal Year	Total Amount Awarded	Student Loan Awards			In Training as of 2019	In Practice as of 2019	Outcomes as of 2019	
		New	Continuation	Total			Contract Buyout	Buyout Rate
2010-11	\$255,000	7	10	17			2	11.8%
2011-12	\$220,000	6	8	14			2	14.3%
2012-13	\$215,000	8	6	14			1	7.1%
2013-14	\$230,000	11	4	15			1	6.7%
2014-15	\$240,000	7	7	14			4	28.6%
2015-16	\$220,000	5	6	11			N/A	N/A
2016-17	\$260,000	8	9	17			N/A	N/A
2017-18	\$130,000	0	8	8			N/A	N/A
2018-19	\$40,000	0	2	2			N/A	N/A
2019-20	\$0	0	0	0			13	10
							5-Year Average Buyout Rate	13.7%

Footnotes:

1. Student loan recipients may receive up to four annual loans. This means a recipient will be counted as “New” the first year and then as “Continuation” in subsequent years. Summing the “Total” student loan awards over several years will result in duplication of individuals receiving awards.
2. “In Training” means in school, residency, or provisionally licensed.
3. “Buyout Rate” is the number of recipients who buyout their contracts without ever practicing a primary care specialty in a shortage area divided by total student awards for each year. Buyout rates are not applicable for 2015-2019 since most recipients are still in training.
4. In 2017, the Rural Health Advisory Commission did not award any new student loans due to the number of loan repayment applications on the waiting list. This practice continued in 2018 and 2019.

Historical Notes:

- * In 2000, dental students became eligible to apply for the Nebraska Student Loan Program. The maximum student loan award amount was increased to \$20,000.
- * In 2004, graduate-level mental health students became eligible for the Nebraska Student Loan Program.
- * In 2009, the Rural Health Advisory Commission began awarding student loans at the maximum amounts: \$20,000 for doctorate-level students and \$10,000 for full-time master’s-level students.

Table B provides a summary of the Nebraska Loan Repayment Program from 1994 through 2019 (as of November 2019). Since 1994, 620 health professionals have participated or are participating in the Nebraska Loan Repayment Program. Ninety-two percent (92%) of loan repayment recipients have completed their practice obligation or are currently serving their practice obligation. Approximately eight percent (8%) of loan repayment applicants have defaulted on their practice obligation. As of November 2019, there are 63 loan repayment recipients in practice under obligation in rural or underserved areas of Nebraska.

Table B

Nebraska Loan Repayment Program
Number of Awards by Status
1994-2019

Status	Awards
In Practice Under Obligation as of 11/2019	63
Completed Practice Obligation	502
Default	47
Other	8
Total	620

Summary

As a result of both rural incentive programs, as of December 2019, there are 73 licensed health professionals in practice under obligation providing access to health care services for over 900,000 people living in Nebraska. These two rural incentive programs (student loans and loan repayment) are the only state-funded programs of this type to encourage health professionals to practice in state-designated shortage areas. The only limitation to these programs is the level of the state appropriation. The programs have been an imperative part of recruitment and retention of healthcare providers to the rural communities.

The following are comments received by the commission regarding the program:

“Central Nebraska Medical Clinic is located in the center of Nebraska and is a rural area in every way. Broken Bow is the largest town in our county with a population of 3500. Our physicians and mid-level providers serve all of Custer County and surrounding areas, including Loup County, Blaine County and parts of Valley County. We have 2 outreach clinics in Sargent and Arcadia which would be difficult to staff without the help of our PAs and NP....The loan repayment incentive has been instrumental in recruiting these mid-level providers. We have also had physicians in the past that have been participants and we are looking forward to offering the program in our future recruiting needs as well...We appreciate and celebrate National Rural Health Day and hope to continue to participate in the rural incentive programs.”

“This program has helped Sidney Regional Medical Center recruit and retain physicians and physician assistants, just as I am sure it has done all across Nebraska. This program is vital to grow and maintain health care services throughout the rural parts of our state. The ability for people to receive health care, as close to home as possible, is key to the health and wellness of our state.”

“I recently completed my third year of the state repayment program and I just wanted to say thank you so much....I am so thankful that it was available and I feel fortunate to be a recipient of that assistance. Growing up in Lawrence and now being able to practice in York is something that is very special to me.”

