

**University of South Carolina School of Medicine**  
**Proposal**  
**Funding of Center of Excellence in Rural Healthcare and Education**

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**Introduction**

The University Of South Carolina School Of Medicine (USC SOM) mission is improving the health of the people of South Carolina through medical education, research and the delivery of health care. A strong primary care foundation allows health systems to deliver better healthcare quality and patient outcomes (1-4). Therefore, a significant portion of our medical education mission is focused on training primary care physicians. Ideally these physicians will deliver primary care to South Carolinians and in our state's areas of greatest need. In 2015 we partnered with the South Carolina Department of Health and Human Services to expand programs training, recruiting and retaining primary care physicians in South Carolina's rural and underserved areas. We propose expanding on these programs and initiating new efforts to improve the health of South Carolinians.

It is estimated that by 2025, the U.S. will be facing a deficit of more than 130,000 physicians. Nowhere is this dilemma more evident than in South Carolina. In 2012, the state ranked 40th with a ratio of 77.5 primary care physicians per 100,000 population compared to 90.1 per 100,000 nationwide (5). Furthermore, over 1.2 million South Carolinians live in a primary care shortage area, equating to approximately 25% of the state, compared to the national average of 19% (6).

South Carolina has more rural counties than urban, and these statewide shortages are felt most acutely in rural areas. Furthermore, some counties with urban designation do not fit the traditional understanding of the term (exs. Aiken, Georgetown, Sumter) (7). Rural areas in SC have 5.6 primary care physicians per 10,000 people compared to 10.8/10,000 for urban areas (7). Furthermore, all SC counties have primary care misdistribution as evidenced by either health profession shortage areas or lack of primary care physicians (5). These facts underscore an imperative to improve the primary care workforce in our state.

According to the Association of American Medical Colleges, the median four-year cost for medical school (including living expenses and books) for the class of 2015 was \$298,538 at private schools and \$226,447 at public institutions. This is nearly 16 times the cost of training forty years ago (8). Evidence indicates that escalating fiscal obligations may be turning students away from primary care, which pays significantly less than other more

lucrative specialties. Furthermore, costs reduce the number of low-income and minority student applicants due to fear of huge loan burden (9,10).

## **Proposed Programs**

### **I. USC Center of Excellence in Rural Healthcare and Education**

**Purpose:** Support and develop rural medical education and delivery infrastructure in South Carolina through clinical practice, training and research.

We will create a center of excellence devoted to supporting rural medical education and practice excellence in South Carolina. By employing best practices utilized in other states and instituting innovative programs, this center will develop and support training programs, support continuing education and clinical practice improvement for rural physicians, and enhance research on rural health issues. Over time funding will shift such that the center can administrate the multiple programs contained in this proviso.

Initial funding will help establish the center by permitting the hiring of the Center Director (projected to be purchasing a portion of a current faculty member's time and purchasing a portion of an existing assistant's time) and staff. These will become full time positions as the center evolves. Amounts may vary depending on time commitment. The Center will interface with existing state entities supporting rural medical education and delivery infrastructure in South Carolina to avoid duplication of missions. These include SC AHEC, other state supported schools, and the SCORH.

The Center would utilize an Advisory Board made up of representatives from affiliated state institutions and agencies as well as public representation from rural physicians and community members. The purpose of this Board is to engage stakeholders in ongoing discussions about rural health and to advise the Center as we work together to enhance clinical care delivery, access to healthcare and support practice in rural and underserved areas of South Carolina. The clinical, academic and research missions of the state supported institutions will be represented on this Board.

The Center will develop and administer an integrated electronic information and collaboration service. A medical librarian will help provide common educational resources, dissemination of best practices, and support collaborative exchange between rural healthcare providers. Additionally, the center will fund a portion of time from the PH/USC Office of Continuous

Professional Development and Strategic Affairs to support continuing professional education and development as well as maintenance of certification services to rural providers.

An important aspect of providing socially and publicly accountable health interventions is supporting outcomes research. Furthermore, research and data systems that inform local and state public health policy are important to developing evidence-based interventions. Therefore, we propose funding the South Carolina Rural Health Research Center at the USC Arnold School of Public Health with a \$500,000 annual sub-award. These funds will allow for the development and maintenance of a rural public health data warehouse. Information generated will be available to local and state agencies to anticipate public health needs, inform and link to workforce research, and study the outcomes and quality of care in rural and underserved communities, with particular emphasis on the social determinants of health. A further \$450,000 in funding would be devoted to supporting a sub-award for SC AHEC to support their vital work in SC healthcare workforce research. This funding has not been recurring, and we support a recurring funding mechanism if it is not appropriated to SC AHEC directly. A portion of these funds would go to the SC College of Nursing to support previously grant funded research on our state's nursing workforce. This renewed funding will allow for productive interface between these two research entities.

We will develop a rural practice information network to support continuing education, interconnection and collaboration between rural practices. The network will employ a medical librarian and the information technology support needed to provide a common access platform for healthcare providers. In addition to continuing education, it will also allow for health professionals to exchange solutions to common practice challenges and initiatives important to their patients and communities. This "learning community" will provide support and vitality to rural practices which can often feel isolated from their physician or practice colleagues. This builds on evidence from the collaborative practice improvement model and its efficacy in developing and disseminating best practices. Furthermore, this addresses the perception of isolation that is sometimes felt rural practitioners. Finally it supports and incentivizes rural practice by providing services that, while common in large hospitals and academic health centers, are at a premium for small practices serving vulnerable patient populations.

Through this network, and in collaboration with the SC Office of Rural Health, we will fund an expansion of the SCORH practice facilitation program. This program uses Quality Improvement Coaches to provide direct consultation, technical assistance and capacity building to rural practices. They help practices as consultants in developing effective multidisciplinary healthcare teams, undertaking the practice transformations necessary to be patient-centered medical homes, and adapting to a value-centered healthcare

delivery model. Practice support will be provided in the areas of quality improvement, population health management, quality measurement and improvement, data management and reimbursement. Practice transformation activities and facilitation will ensure a network of high performing rural practices that attract and retain primary care physicians in rural communities. Additionally, collaboration with the Center of Excellence on the development of a rural practice learning community will assist in the spread and dissemination of best practices and innovation through various learning activities (exs. workshops, webinars).

Furthermore, interprofessional teamwork is critical to developing high performing practices (11). Therefore, in collaboration with the SCORH and the USC College of Social Work we will develop an interprofessional Team Training course for rural practices. This will build on the work done by practice facilitators by giving a concentrated, on-site training course aimed at developing teamwork within rural practices.

Extension services modeled after the widespread success of US agricultural extension services have been proposed as an innovative solution to transforming primary care (12). Furthermore, clinical pharmacists are an essential part of an interdisciplinary medical team and have been a longtime, critical fixture in South Carolina's Family Medicine training programs. Therefore, we will establish a rural clinical pharmacy extension service that will provide access to a clinical pharmacist for each of the four SC AHEC zones. This extension service will provide clinical pharmacy consultants from USC and MUSC to practices throughout the state to address challenging pharmacotherapy issues, disseminate important medication safety information, and provide evidence-based recommendations for effective and high value medication use.

Annual budget (recurring): \$4,550,000	
Staff and facility	\$1,200,000
Rural Health Research Center	\$500,000
SC Office for Healthcare Workforce	\$450,000
Rural Pharmacist Extension Service	\$800,000
Practice facilitators	\$800,000
Team training	\$200,000
Rural practice information network	\$600,000

## **II. Expand Medical Student, Advanced Practice Registered Nurse and Physician Assistant Rural Practice Scholarship and Loan Repayment Program**

USC School of Medicine developed a multi-tiered scholarship program for USC School of Medicine students awarded during medical school.

Present scholarship recipients are required to commit to rural South Carolina practice in a primary care specialty (Family Medicine, General Pediatrics, or General Internal Medicine) or other critical need specialty (General Surgery, Obstetrics/Gynecology, Psychiatry) for each year of scholarship funds received. Given that training in proximity to rural areas predicts future practice and that Family Medicine training is more dispersed to these areas compared to other specialties, particular emphasis will be on recruiting Family Medicine physicians (13).

Two scholarships for incoming students committing to rural primary care practice give \$30,000 (tuition) per year for a total scholarship award of \$120,000 each. The commitment is four years in rural SC practice. Two loan repayment grants exist for finishing medical students committing to rural primary care or critical need training. The payment is \$40,000 at medical school graduation and \$40,000 at completion of residency for a total award of \$80,000 each. The commitment is four years in rural SC practice.

Currently, in-state USC medical school cost is approximately \$40,000 per year including all costs. Students are eligible to enter the program during either their first year of medical school or prior to graduating medical school. They agree to return to practice in rural areas of South Carolina after residency training as determined by the program (rural needs to be defined with consideration of geographic distribution for scholarships- Midlands, Pee Dee, etc.).

We propose expanding this program so that it can 1) be offered annually, 2) expand to impact a greater number of student candidates, and 3) increase the diversity of students from underrepresented minorities. Given that the primary care workforce across South Carolina is inadequate and that this is especially true in rural areas, opening the program to a larger number of applicants will increase the size of the future rural primary care workforce pipeline. We propose increasing scholarship funding from 2 first year students to 12 annually. Four of these scholarships would be designated for underrepresented minority students. Provided this scholarship program is successful we would propose expanding this program to include other state supported medical schools in the future.

We propose increasing the loan repayment grant program from 2 to 12 annually. Furthermore, students from all publicly funded South Carolina medical schools (USC- Columbia, Medical University of South Carolina, and USC-Greenville

School of Medicine) will be eligible for the fourth year medical student repayment grant program.

In addition to the necessary expansion of the physician workforce in rural areas, there is also a need to support placement of advanced practice clinicians as well. These valuable providers are essential to establishing the multidisciplinary teams needed to support rural patient-centered medical homes. Therefore we propose a similar program to support scholarship and loan repayment funds for physician assistants and advanced practice nurses.

The scholarship funds would require practice in a rural Family Medicine in South Carolina. The fourth-year loan repayment program would include either primary care (Family Medicine, General Pediatrics, or General Internal Medicine) or a critical need specialty (General Surgery, Obstetrics and Gynecology, Psychiatry) for each year of scholarship funds received. Geographic areas of South Carolina would be identified (Pee Dee, Low Country, Midlands & Upstate) and students from South Carolina would be given first priority. Other recruiting priorities include rural, underrepresented and/or underprivileged background.

Four scholarships for incoming physician assistant students at the USC School of Medicine committing to rural primary care practice give \$12,000 (tuition) per year for a total scholarship award of \$40,000 each. The commitment is 3 years in rural SC practice. We propose ten loan repayment grants for finishing PA or APRN students committing to rural primary care or critical need training. The payment would be \$20,000 at graduation and \$20,000 at completion of two years of the initial practice commitment for a total award of \$40,000 each. The commitment is 4 years in rural SC practice. Furthermore, students from all publicly funded South Carolina PA and APRN programs (Medical University of South Carolina, University of South Carolina system, USC School of Medicine, Clemson, & Francis Marion University) will be eligible for the fourth year repayment grant program.

We propose an annual retention bonus program for both programs. Physicians could receive \$10,000 a year for up to three years and APRN and PA participants could receive \$5000 a year for up to three years.

It is our hope through this proposal that the greatest impact on educational choices of students will be made if we have the ability to lessen the debt burden and provide opportunities to those from rural or underserved areas who might otherwise choose a subspecialist path or other career outside medicine altogether. These scholarships will have an associated contract and prorated amounts to be paid back if obligations are not fulfilled. Furthermore, increased funding to SC AHEC to support the rural recruitment and retention loan repayment program will allow for enhanced recruitment of graduating residents and practicing physicians from SC and other states.

See Appendix A

Budget (recurring): \$3,260,000	
12 medical student scholarships for four years at \$30,000 per year (4 of these scholarships to be designated for underrepresented minority students)	\$1,440,000
Annual program for the fourth year medical student grant program	\$960,000
Retention bonuses for physicians	\$200,000
Retention bonuses for advanced practice clinicians	\$100,000
Physician assistant scholarship program	\$160,000
Advanced practice clinician grant program	\$400,000

### III. **Expand the Rural Practice Fellowship Program**

While increasing the presently inadequate number of medical school graduates practicing primary care is a critically important long-term objective, the time lag inherent in completing professional education delays the production of physicians and other clinicians for what is a present day workforce crisis. Furthermore, the mismatch between need and production is compounded by the very high demand for primary care physicians in our state and nationwide. Thus, present primary care training program output will not close the demand gap.

To address this issue and incentivize and produce competent physicians more rapidly, USC School of Medicine proposed the establishment of a one-year post-residency fellowship focused on rural and underserved healthcare. Target applicants are Family Medicine residents who would consider rural practice but seek additional training and loan repayment. Educational loan repayment of \$25,000 annually occurs during and for three years after the fellowship, contingent on a completed payback commitment of four years in a rural South Carolina practice (Family Medicine) or in a practice with a substantial rural catchment population (Psychiatry, OB/GYN and General Surgery). Applicants to this program who are on other scholarship or loan repayment options are not eligible for additional repayment.

The present fellowship program provides funding for one fellow for one year. We propose renewed funding for this program as well as funding for

expanding this model to include a Community Psychiatry Fellowship and a Rural General Surgery Fellowship at strategic locations throughout SC.

Budget (recurring): \$600,000	
Family Medicine Rural fellowship Faculty and administrative costs-\$60,000 Loan repayment program - \$100,000	\$160,000
Community Psychiatry fellowship: Faculty and administrative costs-\$100,000 Loan repayment program - \$100,000	\$200,000
Rural General Surgery Fellowship Faculty and administrative costs-\$140,000 Loan repayment program - \$100,000	\$240,000

#### IV. Rural Residency Training Expansion Grants Program

Although increasing SC rural physician workforce is a complex, multi-factorial issue, expanding training sites into rural/underserved areas in South Carolina is one method. The 22<sup>nd</sup> COGME Report endorses Graduate Medical Education expansion toward ambulatory training sites as well as greater GME accountability to public health and workforce needs (14).

The 20<sup>th</sup> COGME report recommended that at least 40% physicians enter generalist careers; presently only 35% of SC physicians are primary care physicians, consistent with the national shortage (7, 15). Furthermore, the current primary care physician pipeline is insufficient to address attrition and retirement. Finally, residents make up 14.7% of the SC physician workforce (7). These data suggests that increasing the number of primary care trainees through dispersed training sites holds promise for fulfilling physician workforce needs in SC (13). Available evidence suggests that family physicians practice in proximity to where they train. 56.9% practice in the state where they trained, and 54.8% practice within 100 miles of their program. Furthermore, 46% practice within 50 miles and 19% within 5 miles (13). SC has a 47.5% long-term retention rate, with a 51% retention from 2000-2006.

Expansion of existing family medicine residency programs into areas not served by GME programs exposes resident physicians to rural practice and enhances the opportunities to recruit these residents for long term practice in these communities (13). There are many mechanisms to achieve this end. These include establishing new programs, establishing rural tracks or 1+2 programs, or expanding and/or redeveloping existing programs. Depending



on the location, program, resources and community needs any one of these options could provide the best answer. Furthermore, certain options, such as starting new programs, are more costly because they do not capitalize on existing training infrastructure.

To support the judicious use of resources, capitalize on the existing strength of successful programs within our state, and allow for flexibility in developing more primary care in different regions of our state, we would establish an Educational Expansion Block Grant Program. These grants would allow funding for programs to expand or repurpose training toward models that support the growth of a workforce serving rural and underserved citizens in our state. These grants would be allocated in blocks with specific numbers of residents targeted in the expansion. All existing Family Medicine residency programs would qualify. Additionally, Pediatric, Internal medicine, OB/GYN, Psychiatry and General Surgery residencies proposing expanding training opportunities in rural areas would also be eligible for grant support.

Budget (recurring): \$2,000,000
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**V. Rural training sites for health professions students**

Expand capacity for rural clinical training sites at the USC School of Medicine to increase student and resident interest in rural practice.

We will develop infrastructure, physician support, and model multidisciplinary practices at not-for-profit rural practice sites in the SC Midlands and Pee Dee regions to support resident electives, student rotations, and multidisciplinary health education for students at the Columbia and Florence campuses of the USC School of Medicine. In addition to physician trainees, these sites will also support other health provider education including nurse practitioner, physician assistant and pharmacy students in order to attract some of them to rural communities and help build multidisciplinary teams in this ever changing healthcare environment. Funding would allow for initial efforts in selecting sites and developing faculty for this initiative.

Budget (recurring): \$ 1,200,000
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**VI. I-CARED Program Extension**

Clinical services and practice support with a focus on innovative technologies initiated in the ICARED grant would be continued in this grant proposal. Furthermore, we propose expanding the program funding to allow for six additional practice sites.

The ICARED Program includes:

#### Continuing Medical Education

We will reach out to rural and underserved primary care physician practices located in South Carolina and determine from them their continuing medical education needs. We will provide a variety of educational venues to satisfy these needs, including tele-education (noon conferences/grand rounds), CME programs, library access and Medscape or Up-To-Date subscriptions.

#### IT advisement/meaningful use/quality metrics consulting support

As part of our surveys with the rural practices we will determine their IT needs as a means of providing several of our deliverables. Funds will be used to consult and advise on implementation of quality metric reporting infrastructure, meaningful use participation, and to render advice on practice management and EHR systems.

Program success will have a positive impact on Health Quality Indicators including, but not limited to, reducing disease morbidity in rural hotspots and reducing recidivism and hospital costs.

We will obtain county-specific disease morbidity data and hospital cost data from DHHS, DHEC as well as local county resources and the provider office. This data will serve as a baseline for health quality improvement. Measurements will be obtained in year one and compared in subsequent years.

#### Improving access to specialty services in rural parts of the state.

Will utilize telemedicine to provide education and real-time consultation for subspecialty areas of medicine we geographically serve (determined by

need of the individual practices as determined by our surveys, e.g. MFM, neurology, psychiatry, cardiology, endocrinology). In addition we will also have subspecialists available at certain rural locations in person. This assumes that telemedicine equipment (Polycom system) is available at the practice sites.

The funding for telemedicine educational and medical care provision will be derived from the Statewide Telehealth Initiative which has been funded by the legislature to MUSC and administrated by MUSC and its coalition partners. Infrastructure to support telehealth will come from this funding. Payment for telehealth consultation will come from ICARED funding.

One of our recently initiated rural practices is in Orangeburg County. This will provide boots on the ground subspecialists including pediatric subspecialists, maternal fetal medicine and orthopedics to augment the care being provided in the local community. The same practice model is planned for Sumter County by July 1, 2016. An additional 6 sites are planned in addition to the 10 sites which are currently funded through ICARED for a total of 16. Our current sites are Orangeburg, Sumter, Lancaster, Winnsboro, Aiken, Florence, Hartsville, and Society Hill.

#### Early intervention through use of innovative technologies.

Training of rural providers in the use of ultrasound technology will assist rural practices in making early diagnoses of medical conditions and more appropriate referrals.

We support a proposal by AHEC for tax incentives for providers in the state who precept medical students, physician assistant students and nurse practitioner students.

#### Increasing the number of primary care practice sites in rural parts of the state.

Community partnerships will be explored. For example, we have been asked to employ a family medicine provider in Wagner, South Carolina. There are other communities in South Carolina who would benefit from the recruiting expertise and startup support from the USC SOM.

#### Support practice management infrastructure and processes.

We will establish partnerships to provide delegated credentialing solutions for managed care insurance credentialing. We will also provide expert

support for regulatory compliance related to management of office practices. Providing support for a rural physician IPA is also proposed.

Budget (recurring): \$1,723,100	
Budget (per clinic):	\$73,850
Office Rent - \$16,700	
Travel - \$ 7,000	
MD time - \$20,000	
Nurse Travel - \$ 7,500	
Meals - \$ 2,650	
Supplies - \$10,000	
Program Coordinators	\$40,000 *
Clinical/Administrative	\$421,500
Consulting Costs - \$50,000	
Telehealth consultation - \$187,500	
Ultrasound development - \$94,000	
Administrative Coordinator - \$90,000	
Total Clinic Costs: \$1,181,600 (projected number of clinics: 16)	
Program Coordinators: \$120,000 (* 1 Program Coordinator per 4 clinics)	

## VII. New Categorical FM residency – Beaufort/Jasper SC area

Building on the successful outreach to establish a residency training satellite in Sumter, SC, we propose additional one time funding to explore and establish another training site in the Beaufort/Jasper area of SC. This area has substantial clinical need and a population catchment sufficient to support residency training. Furthermore, established healthcare programs at USC affiliates in this area will allow for a multidisciplinary training model.

Budget (one-time funds): \$1,200,000
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## VIII. Rural Physician Recruitment

We will collaborate with SCORH to enhance their existing rural physician recruitment and retention program that has placed more than 500 clinicians in rural and underserved communities. Current recruitment activities, including the use of Recruitment Specialists, support the matching/ placement of graduating primary care residents and practicing primary care physicians with practice opportunities in rural communities. It would also focus on recruiting nurse practitioners and physician assistants to rural primary care practices as

appropriate. Through the Center of Excellence, particularly the medical student scholarship program and fellowships, the collaborative work would allow for early identification of future rural clinicians and better long range planning for job placement. Additionally, the SCORH recruitment program would be expanded to include the recruitment and placement of other office staff, especially qualified practice managers and billing staff, which are often cited as high needs for rural practices.

Budget (recurring): \$100,000
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**Total Budget:**

	Recurring
Center of Excellence	\$4,550,000
Scholarship/Loan Grant program	\$3,260,000
Rural Fellowships	\$600,000
Educational site development	\$1,200,000
Program Development Block Grants	\$2,000,000
I-CARED Program	\$1,723,100
Rural recruitment and retention	\$100,000
	One-time
New Family Medicine Residency	\$1,200,000
<b>Total recurring</b>	<b>\$13,283,250</b>
<b>Total one-time</b>	<b>\$1,200,000</b>
<b>Total</b>	<b>\$14,483,250</b>

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## APPENDIX A

### DETAILS OF SELECTED STATE SCHOLARSHIP, LOAN REPAYMENT, AND LOAN FORGIVENESS PROGRAMS

The Association of American Medical Colleges (AAMC) maintains a State and Federal Repayment, Loan and Scholarship data base. This searchable data base provides detailed information about many of the state and federal programs available to medical and other health professions students.

[https://services.aamc.org/fed\\_loan\\_pub/index.cfm?fuseaction=public.welcome](https://services.aamc.org/fed_loan_pub/index.cfm?fuseaction=public.welcome)

A search of the database for state programs yields the following results.

#### STATE SCHOLARSHIP PROGRAMS:

Board of Medical Scholarship Awards	Alabama	State	Scholarship
Community Practitioner Program	North Carolina	State	Scholarship
Dr. James L. Hutchinson & Evelyn Ribbs Hutchinson Medical School Scholarship	California	State	Scholarship
Family Practice Resident Rural Scholarship Program	Oklahoma	State	Scholarship
Indiana Primary Care Scholarship Program (IPCSP)	Indiana	State	Scholarship
Rural Medical Education Scholarship Loan Program	Oklahoma	State	Scholarship
Rural Practice Scholarship Program	Arkansas	State	Scholarship

#### STATE LOAN REPAYMENT PROGRAMS:

Arizona Loan Repayment Program	Arizona	State	Repayment
Community Match Rural Physician Recruitment Program	Arkansas	State	Repayment
Georgia Physician Loan Repayment Program	Georgia	State	Repayment
Kansas State Loan Repayment Program	Kansas	State	Repayment
Montana Rural Physician Incentive Program (MRPIP)	Montana	State	Repayment
Nebraska Loan Repayment Program	Nebraska	State	Repayment
Nevada Health Service Corps	Nevada	State	Repayment
North Dakota State Community Matching Physician Loan Repayment Program	North Dakota	State	Repayment

Oregon Partnership State Loan Repayment (SLRP)	Oregon	State	Repayment
Physician Education Loan Repayment Program	Texas	State	Repayment
The Health Professions Loan Repayment Program	California	State	Repayment
The Steven M. Thompson Physician Corps Loan Repayment Program	California	State	Repayment

**STATE LOAN FORGIVENESS PROGRAMS:**

Health Professional Recruitment Program (HPRP)	Iowa	State	Forgiveness
Kansas Bridging Plan	Kansas	State	Forgiveness
Maine Health Professions Loan Program	Maine	State	Forgiveness
Medical Student Loan Program	West Virginia	State	Forgiveness
Minnesota Dentist Loan Forgiveness Program	Minnesota	State	Forgiveness
Minnesota Nurse Loan Forgiveness Program	Minnesota	State	Forgiveness
Minnesota Rural Mid-level Practitioner Loan Forgiveness Program	Minnesota	State	Forgiveness
Minnesota Rural Physician Loan Forgiveness Program	Minnesota	State	Forgiveness
Minnesota Urban Physician Loan Forgiveness Program	Minnesota	State	Forgiveness
Primary Care Resource Initiative for Missouri (PRIMO)	Missouri	State	Forgiveness
Rhode Island Educational Loan Repayment Program	Rhode Island	State	Forgiveness



**APPENDIX II**  
**DETAILS OF SELECTED STATE SCHOLARSHIP, LOAN REPAYMENT, AND LOAN FORGIVENESS**  
**PROGAMS**

<b>ALABAMA</b>	<b>Board of Medical Scholarship Awards (BMSA)</b>
	<a href="http://www.bmsa.alabama.gov/">http://www.bmsa.alabama.gov/</a>
	<p><b>What is BMSA?</b>  The Board of Medical Scholarship Awards (BMSA) was created as an incentive to increase the supply of primary care physicians (family practice, internal medicine, and pediatrics) and encourage their practice in the state's rural medically underserved communities. Educational loans are awarded for students enrolled in medical schools in the State of Alabama and are in the amount of up to the average cost of tuition, fees, and living expenses set forth in the current catalogs of the University of Alabama School of Medicine or the University of South Alabama College of Medicine. In exchange for repaying the loan, scholarship recipients' agree to return to a pre-approved medically, underserved community to practice primary care medicine.</p> <p><b>Who is eligible?</b>  Any Alabama resident enrolled in either of the state's two medical schools with preference given to those demonstrating an economic need. Following medical school and completion of a primary care residency program, an award recipient must be willing to practice medicine in a community designated as medically underserved.</p> <p><b>How are the loans repaid?</b>  A loan is repaid through a recipient's service obligation involving in the full time practice of primary care medicine in a pre-approved medically underserved community. The population size of the community determines the service obligation time needed to pay off the loan. Practice for a period equal to one year of practice for each year the individual received a loan in a community of less than 5,000 population. Practice for a period equal to one and one-fourth years of practice for each year the individual received a loan in a community of more than 5,000 population and less than 15,000. Practice for a period equal to one and one-half years of practice for each year the individual received a loan in a community of more than 15,000 but less than 50,000 population. Any recipient, who fails for any reason to continue his or her medical education may at the discretion of the board, be required to repay all loan amounts immediately with simple interest of eight percent annually from the date of his or her departure from medical school.</p>

	<p><b>Default or Termination of a Loan</b></p> <p>Each loan recipient enters into a contractual agreement with the Board of Medical Scholarship Awards whereby the recipient agrees to practice primary care in a medically underserved community.</p> <p>For default or termination of a loan for one scholastic year, a penalty equal to 20% of the total principal amount of the loan is imposed. For default or termination of a loan for two scholastic years, a penalty equal to 30% of the total principal amount of the loan is imposed. For default or termination of a loan for three scholastic years, a penalty equal to 40% of the total principal amount of the loan is imposed. For default or termination of a loan for four scholastic years, a penalty equal to 50% of the total principal amount of the loan is imposed. If default or termination occurs after the fourth year but prior to the completion of a residency training program accredited by the Accreditation Council on Graduate Medical Education in a generalists specialty as determined by the Board, a penalty equal to 100% of the total principal amount of the loan is imposed. If default or termination occurs after completion of a residency training program but prior to completion of the repayment obligation as set forth above, a penalty equal to 200% of the total principal amount of the loan is imposed. The failure of a loan recipient to perform his or her contractual agreement with the Board of Medical Scholarship Awards or to pay the amount he or she is liable for under this program shall constitute a ground for the revocation of his or her license to practice medicine. The proceedings to have a physician's license revoked shall be commenced upon written complaint of the Board of Medical Scholarship Awards to the State Board of Medical Examiners. The proceedings shall be in accordance with Sections 34-24-310 to 34-24-381, inclusive, for the imposition of disciplinary sanctions on a license to practice medicine in this state.</p>
	<p><b>Contact:</b> For more information or to apply for this loan please contact:  Kelly Parker, Executive Director  Board of Medical Scholarship Awards P.O. Box 115, Montgomery, Alabama 36101  Phone: (334) 353-4800 Fax: (334) 353-4877</p>
<b>MAINE</b>	<b>Doctors for Maine's Future Scholarship</b>
	<a href="http://www.famemaine.com/files/Pages/education/students_and_families/Maine_Financial_Aid.aspx">http://www.famemaine.com/files/Pages/education/students_and_families/Maine_Financial_Aid.aspx</a>

	<p><b>What is the Doctors for Maine's Future Scholarship?</b></p> <p>This program provides scholarships for eligible students who enroll in a qualifying Maine-based medical school program.</p>
	<p><b>Who can apply?</b></p> <p>Any eligible student who is or will be enrolled in a qualifying Maine-based medical school program.</p> <p>Applicants must have commenced their medical education on or after July 1, 2009.</p>
	<p><b>What are the eligibility criteria?</b></p> <p>The student must have a substantial connection to the State of Maine and at least one year of residence in Maine for purposes other than education.</p>
	<p><b>How do I apply?</b></p> <p>You must contact your medical school directly. The institution will provide you with the information necessary to apply for the scholarship.</p>
	<p><b>What is the deadline?</b></p> <p>Each medical school determines the deadline at their institution.</p>
	<p><b>What is the selection process?</b></p> <p>Priority must be given to students who meet at least two of the following:</p> <p>The student has received a high school diploma, or its equivalent, in Maine</p> <p>The student has received a baccalaureate degree from a four year college or university in Maine</p> <p>The legal residence of the student's parent or legal guardian is in Maine</p>
	<p><b>What are the award amounts?</b></p> <p>You may be awarded up to 50% of the institution's cost of attendance or \$25,000 annually, whichever is less.</p>
	<p><b>Is this award renewable?</b></p> <p>Yes, up to four successive years. Contact the institution you are attending to learn about the renewal application requirements.</p>
	<p><b>How are the funds disbursed?</b></p>

	<p>Funds are disbursed twice per year as established by the medical school, typically in the fall and spring semesters.</p> <p><b>Which medical schools participate in this program?</b></p> <p>Current participants include:</p> <p>Maine Medical Center/Tufts University School of Medicine Medical School Program (MMC-TUSM)</p> <p>University of New England College of Osteopathic Medicine</p>
	<p><b>What else should I know?</b></p> <p>The number of scholarships offered by each institution varies. Funding is limited.</p> <p>This program is governed by Maine law as set forth in 20-A M.R.S.A. §12103-A and Chapter 616 of the Rules of the Finance Authority of Maine.</p>
<b>OKLAHO MA</b>	<b>RURAL MEDICAL EDUCATION SCHOLARSHIP LOAN PROGRAM</b>
	<a href="http://www.pmtc.ok.gov/ruraled.htm">http://www.pmtc.ok.gov/ruraled.htm</a>

	<p>A loan forgiveness program in which an allopathic or osteopathic medical student contracts to practice in a rural Oklahoma community one year for each year of financial assistance received.</p> <p>Since 1975, 416 students have received financial assistance through this scholarship program.</p> <p><b>Sponsor</b> The State of Oklahoma, administered by the Physician Manpower Training Commission.</p> <p><b>Objective</b> 1. To assist Oklahoma's rural communities as approved by PMTC. 2. To provide financial assistance (through a scholarship loan forgiveness program) to residents of the State of Oklahoma who are enrolled in a medical college and who have as their goal the practice of primary care medicine in rural Oklahoma.</p> <p><b>Eligibility</b> 1. Agrees to practice in a qualified Oklahoma rural community. 2. Currently enrolled in (or has been accepted into) a medical college. 3. Plans to do internship/residency in a primary care specialty. 4. Has no other assistance which has a conflicting service obligation requirement. 5. Is a resident of the State of Oklahoma.</p> <p><b>Amount of Loan</b> \$60,000.00 * \$15,000 each for first, second, third, and fourth years. Payable monthly.</p>
	<p><b>Obligation</b> Service Obligation: One year of practice in a qualified Oklahoma rural community for each year of scholarship loan. (Must practice at least two years for any credit to be given.)</p> <p><b>Penalty</b> If the medical school graduate goes into a residency program other than in primary care, payback of three times the principal and accrued interest may be due immediately.</p> <p>If the physician decides not to repay his/her obligated scholarship loan by practicing medicine in rural Oklahoma, he/she may be required to repay three times the principal amount, plus interest in accordance with the terms of the contract.</p>

	<p><b>Contact</b>  Janie S. Thompson, M.Ed., Program Coordinator  Physician Manpower Training Commission  5500 North Western Avenue, Suite 201  Oklahoma City, OK 73118  (405) 843-5667 * FAX (405) 843-5792</p>
<b>INDIANA</b>	<b>Indiana Primary Care Scholarship Program (IPCSP)</b>
	<a href="http://msa.medicine.iu.edu/financial-aid/financial-aid-guide/service-connected-scholarships">http://msa.medicine.iu.edu/financial-aid/financial-aid-guide/service-connected-scholarships</a>
	<p>The IPCSP is a state of Indiana supported service obligated scholarship program for medical students. The mission of the program is to attract trained primary care physicians to deliver health care services in medically underserved (MUA) or health professions shortage (HPSA) areas. Medically underserved areas are designated in the state of Indiana by the Indiana State Department of Health (ISDH) - see the map above.</p> <p>Scholarships will be awarded to applicants who possess characteristics that increase the probability they will practice primary care in a medically underserved area after completion of medical training. Students who are uncertain of their commitment to primary health care practice in shortage areas in the state of Indiana are advised not to apply to the IPCSP. Depending on available funding, it is expected that 6 to 8 scholars will be selected annually from the students admitted to the IU School of Medicine (IUSM).</p> <p>The scholarship will provide tuition and applicable fees (according to state legislature appropriations) for each of the four years of medical school. For each year of the award, an IPCSP scholar will incur one year of obligated service providing fulltime primary health care in a designated shortage area. Students have the right to select an MUA or HPSA from the ISDH database any time after the scholarship is awarded, but no later than the end of the second year (or third year for those in a four-year residency) of residency.</p>

	<p><b>Selection Process</b></p> <p>Applications will be reviewed by the IPCSP Committee. The Committee is appointed by the Dean of the IUSM and is composed of four representatives from the Dean's Office and the departments of Family Medicine, Internal Medicine, and Pediatrics. This committee will select scholars from the applicant pool and make recommendations to the IU School of Medicine Scholarship Committee, which will make the final selections.</p> <p>IPCSP applicants must be residents of the state of Indiana and be enrolled as fulltime medical students. IPCSP scholarship awards are limited to four academic years.</p> <p>Students who enter this program cannot be obligated to any federal, state or other entity for a period of service after academic training is completed. The student must submit a completed application and other materials as required for the selection process by the announced deadline date. If the applicant is competitive, he or she may be interviewed by a representative of the IPCSP Committee. A student must sign a contract if he/she is selected to receive an award.</p>
	<p><b>Funding Priorities</b></p> <p>Upon completion of the educational program, applicants must be willing to provide "primary health services," which are defined as:</p> <p>family practice, general internal medicine, general pediatrics, med-peds.</p> <p>The program will consider the following factors relevant to selecting qualified individuals to participate:</p> <p>personal commitment to a primary care career, work experience, community background and involvement, recommendations from community and faculty, location of permanent residence being in a rural or urban underserved area, prior activities demonstrating interest in primary health care, academic performance.</p>

**Deferments for Residencies**

The IPCSP service obligation will start immediately after the scholarship recipient has completed the accredited residency training in a primary care specialty. Participants are required to obtain grad clinical training from an Indiana accredited residency in primary care. Participants will not receive IPCSP support during their residency nor incur an additional service obligation.

**Defaulting on the IPCSP Obligation—Breach of Contract**

Participants who are dismissed from school for academic reasons or who voluntarily withdraw from school before graduation will be declared in default and held liable to Indiana University for repayment of all funds paid on their behalf by the IPCSP. The amount owed must be paid within three years from the date of default. Annual interest determined by using the 52-week Treasury Bill rate plus 8 percent will be assessed on the unpaid principal balance of this debt to the University, retroactive to the date of the issued award.

Participants who withdraw from the IPCSP before graduation will be declared in default. Participants who graduate from medical school, but fail to enter a primary care residency training program, will be declared in default. Participants who fail to begin and/or complete their service obligation immediately after completion of training will be declared in default. In the event that scholarship recipients default on their commitment, they are required to repay the amount received through IPCSP plus interest.

The interest will be determined by using the 52-week Treasury Bill rate plus 10 percent, assessed retroactive to the date of the issued award.

The financial obligation that the University is entitled to recover shall be paid within three years of the date of default. If the debt remains unpaid after the due date, it will be referred to a contracted collection agency as delinquent. If collection efforts are unsuccessful, the case will then be referred to the University Counsel Office for litigation. All delinquent debts must be reported to a commercial credit bureau and are subject to charges for the administrative and court costs of collection.

Participants seeking suspension of their obligation (e.g., due to a severe disability) must submit in writing a letter of request to the IPCSP Committee. The request must state the underlying circumstances and be supported by documentation before consideration by the IPCSP Committee.



	<p>In the event of the participant's death, any obligation due the IPCSP is canceled.</p>
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	<p><b>Contract Information</b></p> <p>The scholarship recipient will indicate acceptance of the terms and mission of the IPCSP program through a contract. The terms of the contract will indicate that the services to be provided are primary care services in an approved Indiana shortage area. In return, the IPCSP will pay directly to the school tuition and fees covered by the award. In the event of a dispute or failure to perform obligations under the IPCSP, the terms of the contract shall govern.</p> <p>At the time of graduation, participants will receive a summary of the scholarship obligation. While fulfilling the service obligation to the IPCSP, participants are required to complete an Annual Service Report Form. All participants will be required to provide evidence of performance of their service obligations through a letter from a health officer having jurisdiction over the shortage area in which the service obligation was performed. Call MSA-SFS for an application.</p>
	<p><b>Contact:</b>  Student Financial Services — (317) 274-1965  José Espada  Director, Financial Aid MS 158 (317) 274-1967 jespada@iu.edu</p>
<b>NORTH CAROLINA</b>	<b>Forgivable Education Loans for Service</b>
	<a href="http://www.cfnc.org/Gateway?command=GetBasedProgramDetail&amp;note=no&amp;type=13&amp;vocType=-1&amp;vocational=no&amp;id=159">http://www.cfnc.org/Gateway?command=GetBasedProgramDetail&amp;note=no&amp;type=13&amp;vocType=-1&amp;vocational=no&amp;id=159</a>

	<p><b>Program Type</b> Forgivable-Loan</p> <p><b>Description</b> Established by the North Carolina General Assembly in 2011, the Forgivable Education Loans for Service provides financial assistance to qualified students enrolled in an approved education program and committed to working in critical employment shortage professions in North Carolina. For the 2014-15 academic year eligible degree programs may be found by clicking the link below. The North Carolina State Education Assistance Authority provides administration for the program.</p> <p><b>Eligibility</b> A recipient must meet the following eligibility criteria to be considered for FELS: Be a legal North Carolina resident and NC resident for tuition purposes At the time of application, present a cumulative minimum grade point average (GPA) of: 3.00 for graduating high school students (weighted GPA) 2.80 for undergraduate students pursuing an associate or bachelor's degree 3.20 for students pursuing a graduate or professional degree Register with the Selective Service System, if required; Recipients must not be in default, or does not owe a refund, under any federal or State loan or grant program Maintain Satisfactory Academic Progress according to the enrolling policy of the institution. Be willing to work in NC in a designated critical employment shortage profession.</p>
	<p><b>Value</b> Annual loan amounts are as follows: Certificate or associate degree programs: \$3,000 Bachelor's degree programs: freshmen and sophomores \$3,000 Bachelor's degree programs: junior and senior: \$7,000 Master's degree programs: \$10,000 Graduate certificate programs: \$10,000 Doctoral degree programs: \$14,000</p> <p><b>Maximum Aggregate Loan Limits:</b> Certificate and/or associate degree programs: \$6,000 Bachelor's degree programs: \$20,000 Master's degree programs: \$20,000</p>

	<p>Graduate certificate programs: \$20,000</p> <p>Doctoral degree programs: \$56,000</p> <p>Note: For 2014-15, FELS recipients must be enrolled for at least six credit hours each semester to qualify for funding for undergraduate or graduate programs. The award amount will be pro-rated according to number of credit hours. While the rules for the program provide for a minimum of 3 credit hours for graduate programs, the policy for 2014-15 establishes a minimum of 6 credit hours per semester.</p>
	<p><b>Contact:</b></p> <p>North Carolina State Education Assistance Authority (SEAA)</p> <p>NCSEAA  P.O. Box 14103  Research Triangle Park, NC 27709  Phone: (919) 549-8614  <a href="https://www.cfnc.org/about/info_about.jsp#ncseaa">https://www.cfnc.org/about/info_about.jsp#ncseaa</a></p>