

Position Paper: Expand the State’s Health Professional Loan Repayment Program

The Legislature should expand the state’s Health Professional Loan Repayment Program’s funding and eligibility criteria to ensure that Washington State has an adequate workforce to care for the newly insured.

Community health centers (CHCs) are at the forefront of providing care to low income patients, including those who have newly gained coverage. To ensure that CHCs can continue to meet the needs of their patients, they need a reliable workforce of primary care health professionals. To help meet that need, we propose an \$8 million budget increase to the Health Professional Loan Repayment Program, which would potentially fund awards for an additional 118 providers.¹ We also propose that the list of eligible providers be expanded to include licensed mental health professionals, especially those providing care in an integrated setting.

The Unmet Need in Washington State and in Community Health Centers

In a recent study, the Robert Graham Center projects that to maintain the current primary care utilization rates, *Washington State will need an additional 1,695 primary care physicians by 2030*, a 32% increase compared to the state’s current 5,141 primary care physician workforce.²

This workforce shortage is not limited to physicians. The Washington Dental Service Foundation estimates that about 14% of Washingtonians live in a dental Health Professional Shortage Area.³ While programs such as Regional Initiatives in Dental Education (RIDE) produce additional dentists to serve patients in rural and underserved areas, these programs are not big enough to replace the wave of retiring dentists serving these areas.

This workforce shortage is not limited to physicians and dentists. Across the nation, CHCs struggle to recruit and retain primary care providers, behavioral health practitioners, and dental professionals to treat their complex patients. They are competing with private clinics and larger delivery systems that often offer better recruitment and retention incentives. In addition, fewer medical students are choosing to go into primary care, which creates a more systemic problem around primary care access. CHCs have not been immune to this workforce shortage. The problem is exacerbated by many more people having access to health coverage and are seeking primary care. A recent survey of Washington’s CHCs found *almost 180 vacant positions for health care professionals, including more than 80 for medical and osteopathic physicians.*⁴

Loan Repayment is a Key Part of Addressing the Unmet Workforce Need in Washington State

To help recruit and retain vital providers for the primary care delivery system, CHCs have relied on loan repayment and scholarship awards. Both the federal and state governments have programs that allow

health care sites, including CHCs, located in underserved areas or serving underserved populations, to support providers with loan repayment needs.

Our state’s Health Professional Loan Repayment Program provides up to \$35,000 per year for a minimum of two years and up to an additional \$30,000 per year for a maximum of five years (depending on the availability of funds) to certain licensed primary care health professionals. In 2014, approximately 100 loan repayment professionals worked in underserved areas or served underserved populations. Since 1990, the program has funded over 1,000 professionals serving in 38 of Washington’s 39 counties.⁴

Starting in 2011, the Legislature *reduced state funding for the program from \$8.7 million to just over \$1 million per biennium*. Despite this 87% cut in funding, safety net providers, including CHCs have continued to need this program. Of the limited 25 loan repayment awards issued this past year (a drop from 84 awards prior to the budget cut), 20 went to primary care providers working at CHCs.

Loan Repayment Works!

*“Please start [the loan repayment program] again when funds allow. It draws many new clinicians to our practice. Many clinicians continue working after their repayment, such as myself. I have continued to work at the **Yakima Valley Farm Workers Clinic in Toppenish**, as has my fellow pharmacist... Though I really enjoy my work setting and my clientele, I can admit that the repayment program opened my eyes to this site. I think that once you can draw clinicians to the sites, it allows them to see the need and the rewarding nature of the work, and makes them want to stay...”*

[Elizabeth Jensen, Pharmacist]

Patient Impact of an \$8 Million State Investment in Loan Repayment

For a biennial state investment of \$8 million, the legislature can return the Health Professional Loan Repayment Program to its pre-2011 funding levels. This could fund an additional 118 loan repayment awards to primary care professionals each biennium – potentially funding an additional 16 physicians, 8 mid-level providers, and 12 dentists. In terms of patient care, this could translate to the state increasing access to care for approximately 36,000 medical patients and 25,200 dental patients, which would be dramatic in underserved areas and underserved communities.⁶

Mental Health Providers Should be Eligible for Loan Repayment

Over the last few years, attention has been focused on improving health outcomes by integrating behavioral health care in the primary care setting. In order to successfully delivery integrated care there must be an adequate workforce, particularly in the most underserved corners of the state. Currently, psychiatrists and psychiatric nurse practitioners are the only mental health providers eligible for loan repayment. This fails to recognize in primary care settings, behavioral health services are mostly offered by a wider range of licensed behavioral health providers, who should also benefit from loan repayment.

¹ At the height of the program in 2009, the program issued 84 loan repayment awards. Most recently in 2014, the program issued 25 awards.

² Petterson, Stephen M; Cai, Angela; Moore, Miranda, Bazemore, Andrew. State-level projections of primary care workforce, 2010-2013. September 2013, Robert Graham Center, Washington, DC.

³ “Washington State Medicaid Facts and Figures FY 2008 – FY 2012,” Washington Dental Service Foundation. http://www.medicaidental.org/files/Resource%20Documents/WDSF_Medicaid_Facts_Figures2014.pdf

⁴ Survey conducted by the Washington Association of Community and Migrant Health Centers, September 2014. Respondents included 21 of 26 health centers.

⁵ Washington Student Achievement Council website: <http://www.wsac.wa.gov/health-professionals>

⁶ Computation based on assumption that physicians see 22 patients per day, for 210 working days per year, and patients visits 3 times per year; mid-level providers see 20 patients per day, for 210 working days per year, and patients visit 3 times per day; dentists see 20 patients per day, for 210 working days per year, and patients visit 2 times per year.