



Dedicated to protecting and improving the health and environment of the people of Colorado

Colorado Health Service Corps Loan Repayment Program Advisory Council Report to the Governor and Legislature

December 1, 2017

C.R.S. § 25-1.5-505

SECTION 1: PROGRAM OVERVIEW.....2

 INTRODUCTION 2

 IMPORTANCE OF HEALTH CARE PROFESSIONAL INCENTIVES..... 2

SECTION 2: RESPONSE TO REPORT QUESTIONS IN C.R.S. § 25-1.5-5053

 DESCRIPTION OF PROGRAMMATIC GOALS & PRESENT STATUS (1) (B) 3

 IMPACT ANALYSIS (1)(D) 6

 RESULTS OF SURVEYS CONDUCTED TO EVALUATE OTHER LOAN REPAYMENT PROGRAMS (1)(E) 7

 EXISTING EFFORTS & STRATEGIES FOR FURTHER COLLABORATION & ADDRESSING BARRIERS (1)(C) 8

 SUCCESSFUL LOAN FORGIVENESS PROGRAMS AND BEST PRACTICES ACROSS THE COUNTY (1)(A) 8

 NURSING FACULTY OR OTHER HEALTH CARE PROFESSIONAL FACULTY MEMBERS (1)(F).....9

SECTION 3: ATTACHMENTS10

A: COLORADO’S LOAN FORGIVENESS PROGRAMS10

B: 2017 COLORADO HEALTH SERVICE CORPS ADVISORY COUNCIL15

This report was prepared on behalf of the CHSC Advisory Council by:
Stephen Holloway, Director, Primary Care Office
Richard Marquez, Workforce Programs Manager, Primary Care Office



SECTION 1: PROGRAM OVERVIEW

INTRODUCTION

The Primary Care Office (PCO) reduces barriers to health care access. The Office assesses the primary health care professional workforce needs of communities and directs clinician incentives, such as loan repayment, to areas of the state determined to have a clinician shortage. The U.S. Department of Health and Human Services, state appropriations and foundation grants fund the PCO's core activities. The Colorado Health Service Corps (CHSC) is administered by the PCO and is a public-private partnership that improves access to care for medically underserved Coloradans.

Importance of Health Care Professional Incentives

Evidence of Shortage: There is abundant evidence derived from program work of the Primary Care Office and other Colorado stakeholders affirming that clinics who serve publicly insured, uninsured, low-income and rural Coloradans have high barriers to health professional recruitment and retention.^{1,2,3,4} This problem affects communities where more than one million Coloradans reside. Furthermore, 50 of 64 Colorado counties have a designation from the U.S. Secretary of Health and Human Services for primary care health professional shortages; 47 have dental health professional shortages; and 57 have mental health professional shortages.

Debt as an Influencer of Practice Choice: According to the American Association of Medical Colleges, the median level of debt for physicians completing medical school in 2016 was \$190,000 (Table 1). A high educational loan debt load influences the decision of newly licensed health professionals to opt for higher paying sub-specialties and opt for practices that do not significantly care for medically underserved people. Student loan debt repayment, in exchange for service, significantly reduces a key barrier to health professionals who might otherwise consider rural or low-income primary care practice settings.

Table 1: Median Educational Debt Select Primary Care Professions

Profession	Median Educational Debt	Source
Physician	\$190,000	American Association of Medical Colleges (2016)
Dentist	\$261,149	American Dental Education Association (2016)
Physician Assistant	\$112,500	National Commission on Certification of Physician Assistants (2016)
Nurse Practitioner	\$40,000-\$54,999	American Association of Colleges of Nursing (2017)

¹ McGrail, M, Wingrove, P, Petterson, S, Humphreys, J, & Bazemore, A. (2017). Measuring the Attractiveness of Rural Communities in Accounting for Differences of Rural Primary Care Workforce Supply. *Rural Remote Health*. April-June; 17(2).

² Robles, Y. (2013, 26 October) Safety-net Mental Health Clinics Struggle with Recruitment, Retention.

³ Colorado Health Institute. (2009). Recruitment and Retention of Colorado's Primary Care Workforce: Rural/Urban Differences.

⁴ Colorado Health Institute. (2014). Colorado's Primary Care Workforce: A Study of Regional Disparities.

Influence on Practice Choice: A 2010 study of 122 health care clinicians who had participated in one of three loan repayment programs in Colorado between 1992 and 2007 revealed that loan repayment had an important influence on the clinician’s choice of practice community.⁵ A 2015 study conducted by the Colorado Commission on Family Medicine concluded that loan repayment is a significant contributing factor to the practice choices of new graduates.⁶

Economic Impact: A 2016 economic impact study conducted by the National Center for Rural Health concluded that one primary care physician generates up to \$1.4 in income (wages, salaries and benefits) and creates an estimated 26.3 local jobs.⁷ The report also describes the potential economic impact of rural residency programs in rural regions. In a 2007 analysis, rural residencies created 15 full and part-time positions, with an estimated payroll of \$803,500. Therefore, clinicians and residents recruited or retained by a loan forgiveness program create significant economic activity in communities with a shortage of health care resources.

Retention: In 2017, the PCO conducted a case study of CHSC clinicians who exited the program between 2009 and 2017. The study provides evidence of the long-term clinician retention impact of the CHSC. According to the case study 233 clinicians exiting the CHSC between 2009 and 2017 were eligible to participate in the case study. PCO staff received survey responses or confirmed the practice location by phone or internet search of 134 clinicians exiting the CHSC between 2009 and 2017. Nearly 50 percent of CHSC alumni remain in the same practice location at which they started the CHSC. Five percent of CHSC alumni practice for the same employer, but at a different location. Nine percent of CHSC alumni no longer practice at the same site or for the same employer, but still practice in the same county in which they started the CHSC.

SECTION 2: RESPONSE TO REPORT QUESTIONS IN C.R.S. § 25-1.5-505

Description of Programmatic Goals & Present Status (1)(b)

The purpose of the CHSC loan repayment program is to improve access to primary health care for underserved Coloradans through the development of the state’s health care workforce. The CHSC program uses clinician educational loan debt repayment as a means of providing more access to care to medically underserved people. Through such methods, the CHSC increases the capacity of safety net clinics to respond to the primary health care access needs of uninsured, publicly insured and geographically isolated Coloradans.

The low-income portions of many urban communities and most rural communities have insufficient numbers of health care professionals to meet the needs of the population and underserved on that basis. The program accomplishes the goal of increasing the workforce in underserved communities by forgiving a health care professional’s educational loan debt in exchange for a minimum three-year service commitment in a Health Professional Shortage Area. Educational loan debt forgiveness increases the successful recruitment of clinicians to

⁵ Renner, D., Westfall, J. Wilroy, L. & Ginde, A. (2010). The Influence of Loan Repayment on Rural Healthcare Provider Recruitment and Retention in Colorado. *Rural Remote Health*. 10(4).

⁶ Colorado Commission on Family Medicine. (2015). *Family Medicine Residency Education in Colorado: Recommendations to Increase Training and Retention of Family Physicians in Rural and Underserved Areas*.

⁷ National Center for Rural Health Works. (2016). *Estimate of the Economic Impact of a Rural Primary Care Physician*.

underserved communities and increases the rate of clinician retention once a clinical placement is made.

The PCO continues to develop the financial resources available for the CHSC (Table 2). For the 2017-18 state fiscal year the CHSC’s administrative and loan repayment giving capacity is supported by \$1 million in federal HRSA funds (see Federal Matching Grants), \$2.5 million in private philanthropic support, a \$1,880,751 General Fund appropriation and \$1.6 million in Tier II Tobacco Master Settlement (MSA) funds.

Table 2: CHSC Program Funding State FY2009-10 through FY2017-18

Funding Source	Amount
Annual state appropriations	\$202,000 - \$3,490,086
Annual federal matching	\$120,000 - \$1,000,000
Annual private grants	\$0 - \$3,500,000

The CHSC accepts applications from primary care clinicians with a license in good standing to practice in Colorado and who provide full- or part-time direct patient care at a CHSC-certified safety net clinic, including:

- Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general psychiatry, child psychiatry, general pediatrics, and general obstetrics/gynecology.
- Doctors of dental surgery and doctors of dental medicine.
- Certified nurse-midwives.
- Clinical and counseling psychologists.
- Licensed clinical social workers.
- Licensed professional counselors.
- Registered dental hygienists.
- Marriage and family therapists.
- Nurse practitioners practicing in primary care.
- Physician assistants practicing in primary care.
- Psychiatric nurse specialists.
- Clinical pharmacists.
- Family Medicine residents.
- Family Medicine residency faculty.

Under a full-time CHSC service obligation, physicians and dentists may receive up to \$90,000. Physician assistants, advanced practice nurses, clinical pharmacists and licensed mental health clinicians may receive up to \$50,000 and dental hygienists may receive up to \$20,000. Under a part-time obligation, physicians and dentists may receive up to \$45,000. Physician assistants, advanced practice nurses, clinical pharmacists and licensed mental health clinicians may receive up to \$25,000 and dental hygienists may receive up to \$10,000. CHSC clinicians who have completed their initial three-year service obligation in good standing and have maintained practice for the same employer are eligible for an automatic CHSC one-year renewal award. A CHSC clinician may not exceed five renewal terms.

In 2016, the PCO added two new loan repayment programs to the CHSC. The PCO administers these programs as a partnership with the Colorado Association of Family Medicine

Residencies. First, the Colorado Health Service Corps Faculty Loan Repayment Program (FLRP) offers a \$45,000 loan repayment award to faculty of Colorado's family medicine residency programs. The FLRP program requires a two-year service obligation. Residency programs may use this loan repayment incentive to recruit new faculty or retain faculty. Second, the Colorado Health Service Corps Physician Resident Loan Repayment Program offers a \$90,000 loan repayment award to a physician resident contracted for employment at a certified CHSC site. This program is a direct CHSC pipeline for physicians completing a Colorado family medicine residency program. This program requires the standard three-year CHSC service obligation and is open to physician residents affiliated with Ft. Collins, St. Anthony North, St. Joseph, St. Mary's and the University of Colorado family medicine residency programs.

There are 372 eligible CHSC clinical sites across the state. Eligible sites are located in a health professional shortage area, are incorporated as a public or nonprofit entity, provide comprehensive, outpatient primary care services at least 40 hours per week, accept Medicaid, Medicare, CHP+, offer a sliding fee scale for uninsured and low-income patients and have a declared nondiscrimination policy. Clinical sites common to the CHSC are:

- Federally Qualified Health Centers (FQHC).
- FQHC Look-alikes.
- Certified Rural Health Clinics.
- Community Mental Health Centers.
- State Psychiatric Hospitals.
- Colorado Department of Corrections sites.
- School-based health centers.
- Community supported, nonprofit, primary care clinics.

Program Award Criteria: The CHSC Advisory Council ensures that statutory eligibility criteria in the Colorado program remains flexible up to the limits allowable under federal matching grant requirements and state statute. The CHSC application is a 100-point scale. The point scale weighs and stratifies the educational and practice attributes associated with long-term, clinical retention. Applicants earn points based on the following characteristics:

- Graduate of any Colorado health professional training program (10 points).
- Grew up in a rural or underserved area with a specific personal experience of medical under service (10 points).
- Training experience in preparation for working with rural or underserved populations (20 points).
- Clinical proficiency in a language other than English (5 points).
- Practices located in a geographic Health Professional Shortage Area (6 points).
- Two confidential letters of support (structured review with a maximum of 7 points for each letter).
- A personal statement to evaluate the applicant's commitment to serving the underserved people of the community (structured review with a maximum of 20 points).
- An interview is conducted with leadership at the applicant's clinic to assess the applicant's likelihood of retention (structured review with a maximum of 15 points).

Impact Analysis (1)(d)

Participation in the CHSC requires participants to report twice annually on practice hours and the characteristics of patient care. To date, CHSC participating clinicians have provided 1,685,761 clinical encounters to medically vulnerable Coloradans (Table 3). Nearly 71 percent of these clinical encounters were provided to individuals who were uninsured or insured by Medicaid or Medicare. The total contracted service of all 497 completing and currently obligated CHSC clinicians since 2009 constitutes nearly 1,500 years of service to medically underserved Colorado communities (Table 4). Since the submission of the 2015 legislative report the PCO has disbursed a total of \$11,207,165 in loan repayment funds to the Colorado safety net.

Table 3: Total CHSC Clinician Visits 2011 to Present

Source	Total Patient Visits	Percentage of Total Visits
Health First Colorado (Medicaid)	957,209	56.8%
Medicare	236,080	14.0%
CHP+	60,091	3.6%
Sliding Fee Scale	432,381	25.6%

Table 4: Program Field Strength*

Profession	Number of Successful Exits**	2017 Program Field Strength
Physician	83	72
Psychiatrist	9	12
Physician Assistant	24	35
Dentist	18	30
Nurse Practitioner	26	29
Certified Nurse Midwife	1	5
Clinical and Counseling Psychologists	4	15
Licensed Professional Counselor	31	26
Licensed Clinical Social Worker	15	28
Marriage and Family Therapist	2	3
Registered Dental Hygienist	5	12
Clinical Pharmacist	0	12
Total	218	279

*Field Strength refers to the total number of clinicians under contract across all CHSC programs in a given year.

**Successful Exits refers to the number of clinicians successfully completing the terms of his/her contract in a given year.

Table 5: CHSC Safety Net Clinic Representation 2009 to Present

Clinic Type	Total	Percent
Federal Qualified Health Center/Community Health Center	245	49.3%
Community Mental Health Center	100	20.1%
Rural Outpatient (Rural Health Clinic or Critical Access Hospital)	70	14.1%
Department of Corrections	26	5.2%
Colorado Mental Health Institutes	22	4.4%
Indian Health Service	1	.2%
Community Funded Safety Net Clinics	25	5%
Family Medicine Residences (FLRP Program)	8	1.6%

Table 6: Rural-Urban Split 2009 to Present

Rural	33%
Frontier	4%
Urban	63%

Results of Surveys Conducted to Evaluate other Loan Repayment Programs (1)(e)

The Primary Care Office has successfully consolidated all major health care professional loan repayment programs in the state for oral health, primary care and health professional faculty. This consolidation has resulted in the following benefits:

Operational Efficiency: A consolidated state program simplifies the search, eligibility determination and application process for care clinicians who are seeking incentives in consideration of a practice in a medically underserved community. In addition, a consolidated program reduces the cost of program administration in proportion to the total funds available for annual awards. Because the authorizing legislation for the state program creates a distributed decision-making process in the CHSC Advisory Council, most major interests and organizations invested in health professional workforce development are represented in decision-making regarding program policies and award priorities.

Federal Matching Grants: The federal matching grant for the CHSC Loan Repayment Program in 2016 and 2017 was \$1 million for each year. This is the current maximum award available to states for clinician loan repayment programs. Colorado remains the model program among state loan repayment programs in the nation due to its successes in attracting private dollars and maximizing federal awards.

Income Tax Exemption for Awards: The third, and perhaps most compelling reason, for a consolidated state program is that awards made from the CHSC are exempted from federal and state income taxes. In all other monetary clinician incentives, the award is treated as ordinary income and taxed on that basis. The diminution of the award resulting from income taxation ranges from 25 to 35 percent, depending on individual clinician tax circumstances. This effect causes a portion of state tax dollars and philanthropic dollars outside of the CHSC to flow to the federal government as tax revenue rather than to the exclusive purpose of providing a primary care clinician incentive. The following two scenarios quantify the effect of these three program advantages.

Appropriation or private grant *outside* of the CHSC

\$ 1.00	state appropriation and/or private grant
\$-0.15	approximate operating expenses
\$-0.30	approximate federal and state income tax liability
<hr/>	
\$ 0.55	net incentive benefit to clinician

Appropriation or private grant *inside* of the CHSC

\$ 1.00	state appropriation and/or private grant
\$-0.10	approximate operating expenses
\$ 0.90	federal matching funds potential
\$ \$0	federal and state income tax liability
<hr/>	
\$ 1.80	net incentive benefit to clinician

The clinician benefit of the state program, per dollar invested, is more than three times that of other options for primary care practice incentives. Although these examples are based on assumptions that may vary among individual awardees and annual federal matching grant opportunities, the overall benefit of consolidation under the state program is clear.

Existing Efforts & Strategies for Further Collaboration & Addressing Barriers (1)(c)

Barriers: The CHSC has been successful in identifying and addressing risks to program sustainability. The program has resolved administrative, policy, regulatory and statutory challenges to assure an effective and efficient program including the timing and payment of contracts, contract risk management and program promotion to employers and clinicians.

For the September 2012 CHSC application cycle the Primary Care Office processed 54 loan repayment applications and granted 22 awards. In contrast, the March 2017 application cycle received 1,144 eligible loan repayment applications and made 76 awards:

Table 7: Colorado Health Service Corps Program Demand Growth 2012-2017

Application Cycle	Eligible Application	Awards
September 2012	54	22
March 2013	80	24
September 2013	105	24
March 2014	Insufficient Funds to Make Awards	
September 2014	149	22
March 2015	146	52
September 2015	140	36
March 2016	158	48
September 2016	150	34
March 2017	144	76
September 2017	106	38

Successful Loan Forgiveness Programs and Best Practices Across the County (1)(a)

In 2017, the PCO invited 28 states operating state loan repayment programs to participate in a funding capacity study. The intent of the study was identify needs, successes and

commonalities among state loan repayment programs. By the indicators of field strength and program funding the CHSC is largest state loan repayment program in the country (Table 8).

Table 8: Colorado and State Loan Repayment Programs Comparison

Indicator	Colorado Per Year	Average Per Study State
Field Strength*	279	52
HRSA Federal Matching Funds	\$1,000,000	\$319,067
Private and Foundation Grants	\$2,000,000	\$86,724
State Appropriations	\$1,881,751	\$340,627

*Field Strength refers to the total number of clinicians under contract across all CSHC programs in a given year.

Nursing Faculty or Other Health Care Professional Faculty Members (1)(f)

In 2016 the Primary Care Office launched the Colorado Health Service Corps Faculty Loan Repayment Program (FLRP) for family medicine residency faculty. FLRP offers a \$45,000 loan repayment award to faculty of Colorado’s family medicine residency programs. The FLRP program requires a two-year service obligation. Residency programs may use this loan repayment incentive to recruit new faculty or retain faculty. In 2017, the PCO launched the CHSC Nurse Faculty Loan Repayment Program. The program will award loan repayment to the first cohort of nurse faculty at the conclusion of the March 2018 CHSC application cycle.

SECTION 3: ATTACHMENTS

A: COLORADO’S LOAN FORGIVENESS PROGRAMS

Program	Award Characteristics	Eligibility	Eligible Sites	Administration and Funding
<p>Colorado Health Service Corps Loan Repayment Program</p>	<p>Three-Year Service Obligation:</p> <p>≤\$90,000 full-time, ≤\$45,000 part-time for physicians and dentists</p> <p>≤\$50,000 full-time, ≤\$25,000 part-time for physician assistants, advanced practice nurses, clinical pharmacists and licensed mental health providers</p> <p>≤\$20,000 full-time, ≤\$10,000 part-time for dental hygienists</p> <p>All renewals are for a term of one year, not to exceed five renewal periods. Part-time renewals are eligible for half the amount listed below:</p> <p>≤\$15,000 full-time for physicians and dentists</p> <p>≤\$8,333 physician assistants, advanced practice nurses, clinical pharmacists and licensed mental health providers</p> <p>≤\$3,333 for dental hygienists</p> <p>(all awards are nontaxable income)</p>	<p>This program is open to the following providers who are practicing full-time or part-time in a public or nonprofit, outpatient, primary care, safety net clinic located in a health professional shortage area:</p> <ul style="list-style-type: none"> • Allopathic or Osteopathic Physicians (family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology) • General Dentists* • Dental Hygienists* • Certified Nurse-Midwives • Clinical or Counseling Psychologists • Licensed Clinical Social Workers • Licensed Professional Counselors • Marriage and Family Therapists • Nurse Practitioners • Physician Assistants • Psychiatric Nurse Specialists • Clinical Pharmacists • Family Medicine Faculty • Family Medicine Residents <p>*Oral health professionals who do not meet the CHSC criteria are directed to apply for the Expanded Dental Option of the CHSC.</p>	<p>Federally Qualified Health Centers/Community Health Centers</p> <p>Federally Qualified Health Center Look-Alike Clinics</p> <p>Certified Rural Health Clinics</p> <p>Community Mental Health Centers</p> <p>State Prisons, Department of Corrections</p> <p>Colorado Mental Health Institutes at Fort Logan and Pueblo</p> <p>Community Funded Safety Net Clinics</p> <p>Indian Health Service (IHS)</p> <p>School-Based Health Centers</p>	<p>The Primary Care Office at CDPHE administers the program.</p> <p>Award decisions are determined by the Colorado Health Service Corps Advisory Council.</p> <p>Colorado Health Service Corps applications are accepted twice annually (March and September).</p> <p>The program is funded by:</p> <ol style="list-style-type: none"> 1. General Fund appropriation 2. Tier II Tobacco Master Settlement funds 3. The Colorado Health Foundation grant 4. HRSA State Loan Repayment Program (SLRP) grant

Program	Award Characteristics	Eligibility	Eligible Sites	Administration and Funding
<p>Expanded Dental Loan Option of the Colorado Health Service Corps</p>	<p>Two-Year Service Obligation:</p> <p>Dentist (DDS or DMD)</p> <p>\$50,000 if the Dentist sees 80 or more underserved patients per month average</p> <p>\$37,500 if the Dentist sees 60-79 underserved patients per month average</p> <p>\$25,000 if the Dentists sees 20-59 underserved patients per month average</p> <p>Dental Hygienist (RDH)</p> <p>\$12,000 if the Dental Hygienist sees 80 or more underserved patients per month average</p> <p>\$8,000 if the Dental Hygienist sees 60-79 underserved patients per month average</p> <p>\$25,000 if the Dental Hygienist sees 20-59 underserved patients per month average</p>	<p>Dentists and Registered Dental Hygienists who provide oral health services to any combination of Health First Colorado (Medicaid), CHP+ or uninsured patients may apply to the program.</p>	<p>Public or non-profit dental clinics that do not qualify for the Colorado Health Service Corps</p> <p>Private, for-profit dental practices open to new Colorado Health First (Medicaid), CHP+ and uninsured patients</p>	<p>The Primary Care Office at CDPHE administers the program.</p> <p>Award decisions are determined by the Primary Care Office and based on a scoring rubric authorized by the State Board of Health.</p> <p>Applications are accepted twice annually (March and September).</p> <p>The program is funded by:</p> <ol style="list-style-type: none"> 1. Tier II Tobacco Master Settlement funds
<p>Colorado Health Service Corps Faculty Loan Repayment Program</p>	<p>Two-Year Service Obligation</p> <p>\$45,000 for physicians (MD or DO)</p>	<p>Full-time physician faculty at a Colorado Family Medicine Residency Program</p>	<p>Colorado’s Family Medicine Residency Programs</p>	<p>The Primary Care Office at CDPHE administers the program in collaboration with the Colorado Association of Family Medicine Residencies.</p> <p>Loan repayment awards are endorsed by the Colorado Health Service Corps Advisory Council.</p>

Program	Award Characteristics	Eligibility	Eligible Sites	Administration and Funding
<p>Colorado Health Service Corps Faculty Loan Repayment Program (cont.)</p>				<p>The application process runs annually July-October.</p> <p>The program is funded by: 1. \$270,000 General Fund appropriation</p>
<p>Colorado Health Service Corps Physician Resident Loan Repayment Program</p>	<p>Three-Year CHSC Service Obligation:</p> <p>\$90,000 for a physician (MD or DO)</p>	<p>Family physician residents exiting a Colorado Family Medicine Residency Program and contracted for employment at a CHSC certified site</p>	<p>Ft. Collins Family Medicine Residency Program</p> <p>St. Anthony North Family Medicine Residency Program</p> <p>St. Joseph Family Medicine Residency Program</p> <p>St. Mary's Family Medicine Residency Program</p> <p>University of Colorado Family Medicine Residency Program</p>	<p>The Primary Care Office at CDPHE administers the program in collaboration with the Colorado Association of Family Medicine Residencies.</p> <p>Loan repayment awards are endorsed by the Colorado Health Service Corps Advisory Council.</p> <p>Applications are accepted annually in March.</p> <p>The program is funded by a \$450,000 gift, grant or donation from participating residency programs.</p>

Program	Award Characteristics	Eligibility	Eligible Sites	Administration and Funding
<p>National Health Service Corps</p>	<p>NHSC Loan Repayment Program: Up to \$50,000 for a two-year service commitment against educational loan debt; renewable for \$20,000 full-time and \$10,000 part-time for the third and fourth year of service; \$10,000 and \$5,000 for the fifth and sixth year of service</p> <p>NHSC Scholars Program: Competitive federal program that awards scholarships to students pursuing eligible primary care health professions training. The Program pays for tuition and education-related expenses and provides a monthly stipend for living expenses for a minimum of two years full-time service in an NHSC-approved site.</p> <p>NHSC Nurse Corps Loan Repayment Program The NHSC Nurse Corps Loan Repayment Program provides funds to full-time practicing RNs to repay a portion of their qualifying educational loans.</p>	<p>The NHSC Loan Repayment Program is open to the same providers and with the same eligibility criteria as the Colorado Health Service Corps state loan repayment program, with the addition of a private practice option.</p>	<p>Federally Qualified Health Centers/Community Health Centers</p> <p>Federally Qualified Health Center Look-Alike Clinics</p> <p>Certified Rural Health Clinics</p> <p>Community Mental Health Centers</p> <p>State Prisons, Department of Corrections</p> <p>Colorado Mental Health Institutes at Fort Logan and Pueblo</p> <p>Community Funded Safety Net Clinics</p> <p>Indian Health Service (IHS)</p> <p>School-Based Health Centers</p>	<p>The Health Resources and Services Administration administers the program. The Primary Care Office manages certain aspects of eligibility, provider placement and a range of technical assistance to service sites.</p> <p>NHSC provider applications are typically accepted in January.</p> <p>New NHSC sites may apply in the spring of each calendar year while existing clinical sites may recertify in the fall of each calendar year.</p>

	<p>60 percent of total qualifying nursing educational loans balance for an initial two year service obligation</p> <p>An additional 25 percent of total qualifying nursing educational loan balance for a third, optional, year of service</p>			
--	--	--	--	--

B: 2017 COLORADO HEALTH SERVICE CORPS ADVISORY COUNCIL

Council Member	Organization Name	Interest Served on the Advisory Council per HB 13-1074; 25-1.5-504 (formerly 25-20.5-704)	1st Year Appointed	2nd Year Appointed	Term Expiration
Kim Marvel, Ph.D.	Colorado Association of Family Medicine Residencies	(a) The commission on family medicine created pursuant to part 9 of article 1 of this title;	10/5/2012	11/12/2015	11/20/2018
Sara Leahy	Colorado Rural Health Center	(b) A nonprofit statewide membership organization that provides programs and services to enhance rural health care in Colorado;	8/8/2016		11/20/2019
Polly Anderson	Colorado Community Health Network	(c) A membership organization representing federally qualified health centers in Colorado;	9/10/2013	10/20/2016	11/20/2019
Maribel Cifuentes	The Colorado Health Foundation	(d) FOUNDATION THAT FUNDS A HEALTH CARE PROFESSIONAL LOAN FORGIVENESS PROGRAM IN COLORADO;	4/7/2017		11/20/2018
Rachel Lunney	Northwest Colorado Council of Governments	(e) AN ECONOMIC DEVELOPMENT ORGANIZATION IN COLORADO;	1/15/2015		11/20/2017
Brian Turner	Colorado Behavioral Healthcare Council	(f) A MEMBERSHIP ORGANIZATION REPRESENTING COMMUNITY BEHAVIORAL HEALTH CARE PROVIDERS;	9/10/2013	10/20/2016	11/20/2019
Rosario Medina, PhD, FNP-BC	University of Colorado - Denver	(g) AN ADVANCED PRACTICE NURSE IN A FACULTY POSITION AT AN EDUCATIONAL INSTITUTION WITH HEALTH CARE PROFESSIONAL PROGRAMS, WHO IS LICENSED TO PRACTICE IN COLORADO;	1/15/2015		11/20/2017
Pradeep Dhar, MD	Salud Family Health Center - Ft. Lupton	(h) A PHYSICIAN WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	10/20/2016		11/20/2019
Marcia Gilbert, RN, NP	CU College of Nursing	(i) A NURSE WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	5/1/2012	11/19/2014	11/20/2017
James (Ed) Hagins, Med	Midwestern CO Mental Health Center, Montrose	(j) A MENTAL HEALTH PROVIDER WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	10/20/2016		11/20/2019

Katya Mauritson, DMD	Colorado Department of Public Health and Environment, Oral Health	(k) AN ORAL HEALTH PROVIDER WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	5/1/2012	11/19/2014	11/20/2017
Brian Bacak, MD, FAAFP	University of Colorado School of Medicine, Rural Track	(l) A PHYSICIAN WHO IS A FACULTY MEMBER OF A MEDICAL SCHOOL IN COLORADO	1/15/2015		11/20/2017
Karen Funk, MD	Clinica Family Health Services	(m) A CITIZEN REPRESENTATIVE WHO HAS KNOWLEDGE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY.	10/29/2013	10/20/2019	11/20/2019