



## EXPLORE

WATERFALLS  
HIKING  
CRATER LAKE  
FISHING  
PAINTED HILLS  
CAMPING  
LAVA BEDS  
WINE TASTING  
COLUMBIA GORGE  
KITE SURFING  
SMITH ROCK  
MOUNTAIN BIKING  
HOT SPRINGS  
RIVER RAFTING  
HIGH DESERT  
SNOW BOARDING  
TILLAMOOK FOREST  
KAYAKING  
COASTAL DUNES

*Work. Play. Live.*

# **Recruiting & Retaining our Healthcare Workforce:**

## **An Update on Oregon's Incentive Programs**



# Goals

- Review of current Incentive programs
- Reviewing ORH site application and process
- Discussion of the future of Incentive programs and challenges



# Provider Incentive Programs

## **Provider incentive programs:**

- Can be State or federally funded
- Encourage medical professionals to practice in underserved communities, or with underserved populations.
- Can help with provider recruitment and retention
- Provide funds for:
  - Medical education; or
  - Medical education loan debt, and/or
  - Medical Provider Insurance subsidy, and/or
  - Tax incentives

**Provider incentives are a tool, not a solution**

# Loan Repayment vs Loan Forgiveness

## **Loan Repayment:**

Loan repayment is an incentive for qualifying clinicians already in the workforce. Providers must be working (or contracted to begin working) for an eligible site before they can apply to receive this funding to repay existing loans in exchange for a service commitment.

## **Loan Forgiveness:**

Loan forgiveness is an incentive for students who receive funding during their education in exchange for a future service obligation. Participants must contract with an eligible site to forgive their loan within 90 days of graduation (or completion of residency).

# What is a HPSA?

## Health Professional Shortage Area (HPSA)

### HPSAs Are:

- Are a way of analyzing health care access (or lack of access) for different groups of people.
- Assessments of the conditions in an area compared against a federal standard for access, based on factors like:
  - provider-to-population ratio
  - Poverty rate of area
  - Travel time to nearest source of care

# Types of HPSAs

- ❖ **Dental Health**
- ❖ **Mental Health**
- ❖ **Primary Care**

## **Geographic HPSAs**

- A County
- A Portion of a County
- Combined Counties

## **Population HPSAs**

- Low Income
- Migrant/Seasonal  
Farmworkers
- Homeless

## **Facility HPSAs**

- FQHCs
- Some FQHC Lookalikes
- Some RHCs

HPSAs are on a scale of 0-25 for Primary Care and Mental Health, and 0-26 for Dental Health. Higher scores indicate a greater perceived need.

# Why Do HPSAs Matter?

- HPSAs are an important access to federal and state recruitment and retention resources.
- HPSAs are an access point to federal and state recruitment and retention resources Including:
  - **Office of Rural Health Incentive Programs**
  - National Health Service Corps Loan Repayment Program
  - National Health Service Corps Scholarship Program
  - Nurse Corps
  - Faculty Loan Repayment Program
  - Nursing Faculty Loan Program
  - Area Health Education Centers
  - CMS Bonus Payments
  - Medicare Reimbursement for Telehealth
  - Public Health Service Grants
  - J-1Visa Waiver

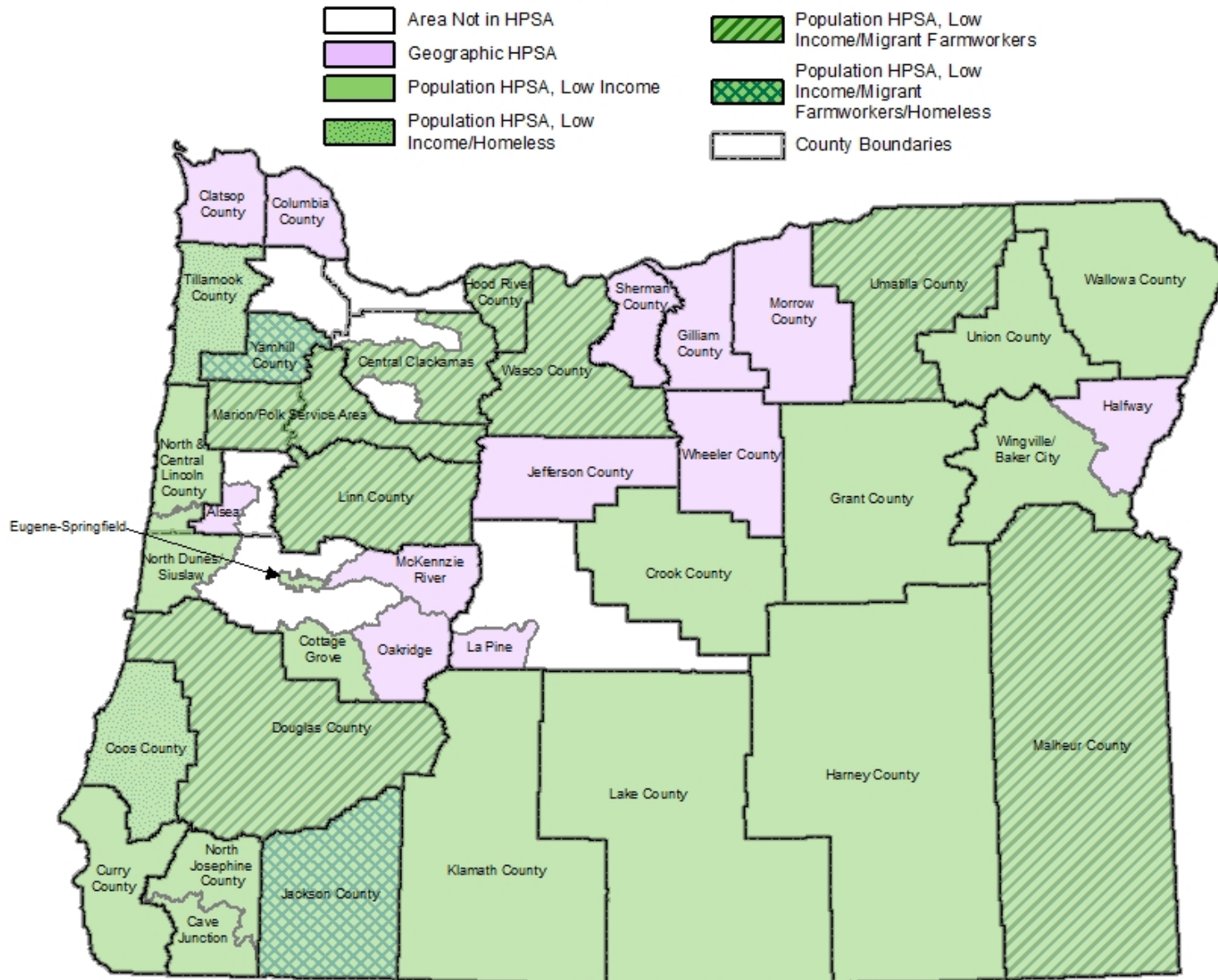


# How are HPSAs Assigned?

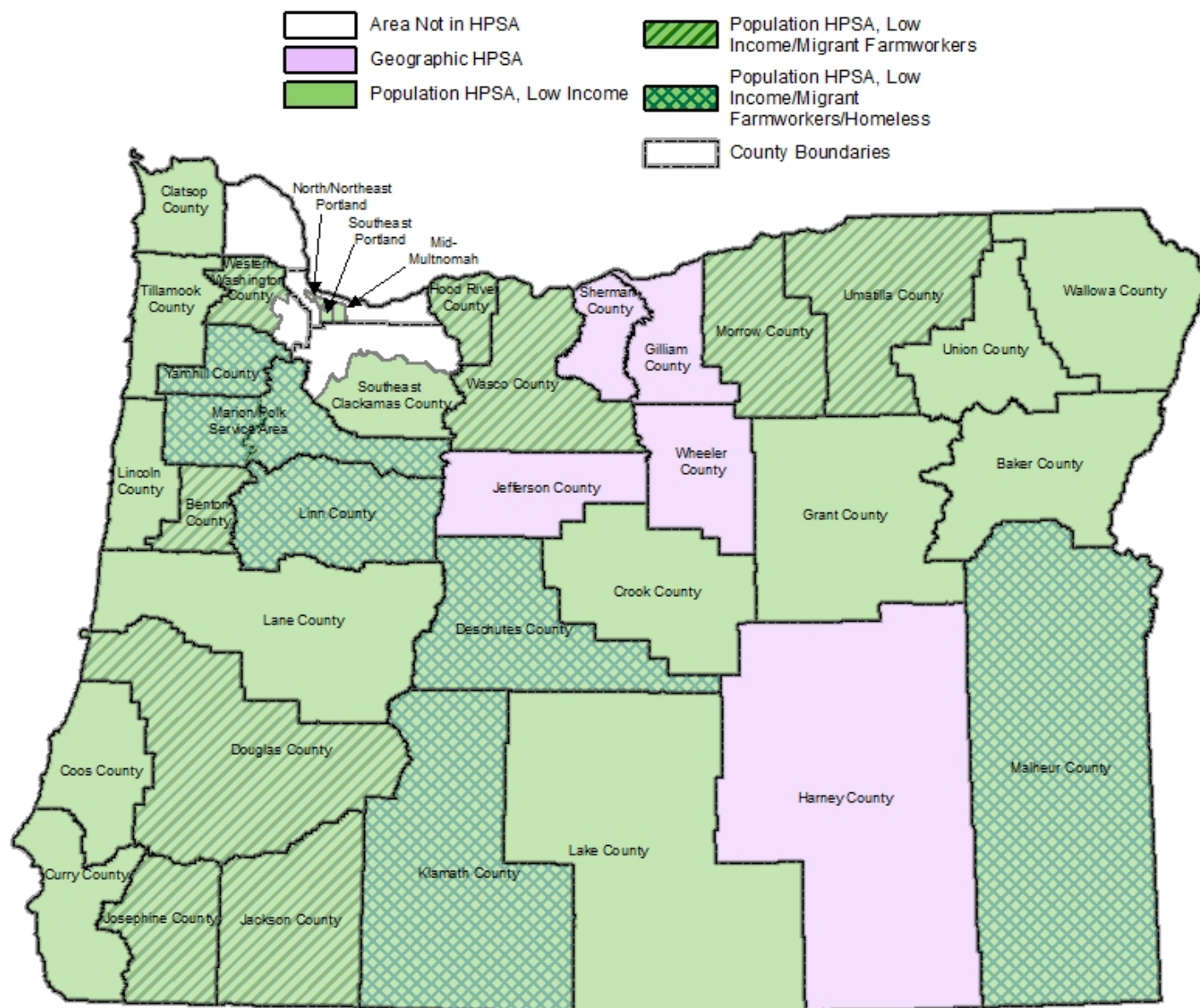
1. State Primary Care Office (PCO) submits an application to the Health Resource & Service Administration (HRSA).
2. Once the PCO submits an application for review, all interested parties are given 30 days to comment on the request.
3. HRSA reviews the application and issues scores based on:
  - Population to provider ratio, and
  - Percentage of the population below 100% of the Federal Poverty Level, and
  - Travel time to the nearest source of care (NSC) outside the HPSA designation.

For more information on HPSA designations in Oregon contact PCO Director, Marc Overbeck at [marc.overbeck@state.or.us](mailto:marc.overbeck@state.or.us)

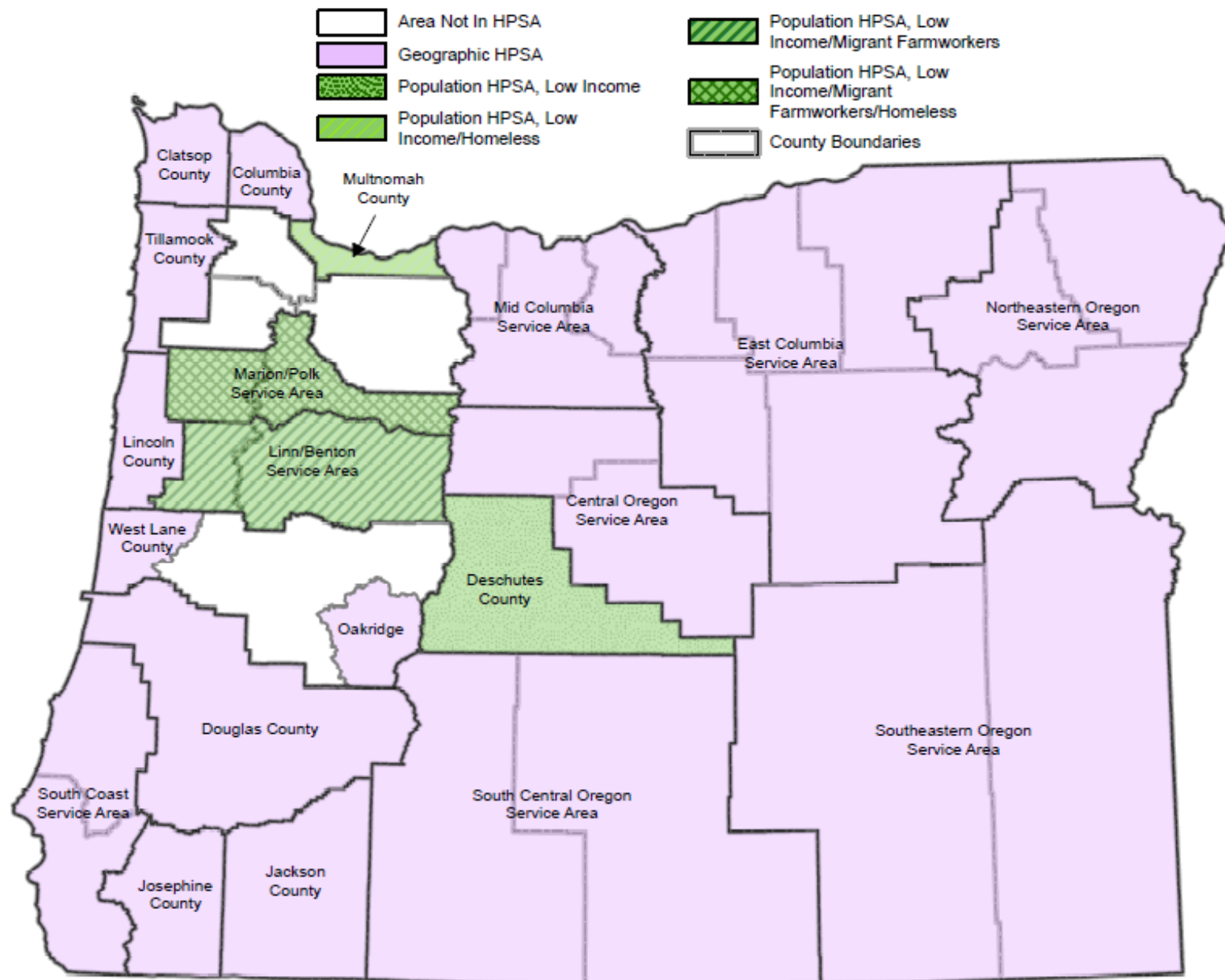
# Primary Care Health Professional Shortage Area (HPSA) Designations, by Type, as of 1/1/2014



# Dental Health Professional Shortage Area (HPSA) Designations, by Type, as of 1/1/2014

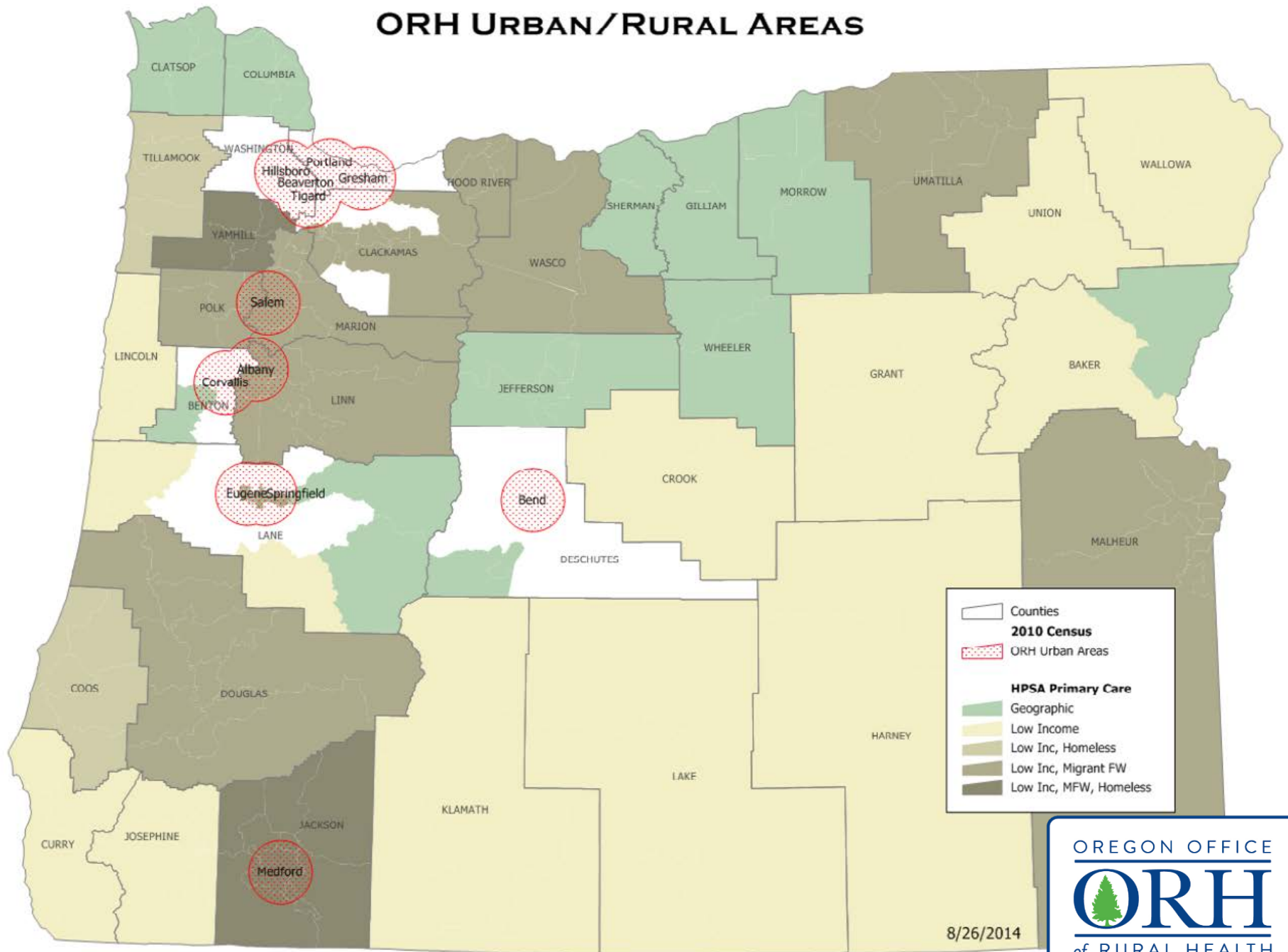


# Mental Health Care Health Professional Shortage Area (HPSA) Designations, by Type, As of 8/26/2014





# OR PRIMARY CARE HPSAS AND ORH URBAN/RURAL AREAS



8/26/2014

# Changes to Oregon's HPSA Scores

## **National Shortage Designation Update:**

- Slated for November 4<sup>th</sup>, 2017
- All geographic and population-based HPSAs in the country being updated

## **Anticipated effects on Oregon:**

- 38 HPSA scores will go UP
- 31 HPSA scores will go DOWN
- 23 HPSA scores will stay the same

**DON'T PANIC!**



# Current State Incentive programs-MPCLRP (Loan Repayment)

## **Medicaid Primary Care Loan Repayment Program (MPCLRP)**

### **Eligible Providers:**

Primary care providers who were contracted to start working at a qualified site within 4 months of application, or had been working at a qualified site for less than 24 months from the date of application.

### **Qualifying Practice Sites:**

Rural hospitals, Rural Health Clinic, Federally Qualified Community Health Center, or other site with (or located in) a HPSA that saw the same percentage of Medicaid patients that existed in the county in which the clinic was located.

### **Award Amount & Obligation:**

In exchange for a minimum three year full time service commitment at a qualifying site, awardees may receive up to \$105,000.00 to repay qualifying debt.

# Current State Incentive programs-BHLRP (Loan Repayment)

## **Behavioral Health Loan Repayment Program (BHLRP)**

### **Eligible Providers:**

Unlicensed behavioral health providers that had completed, or would have completed within 8 months of applying to the program, a master's level or higher degree program.

### **Qualifying Practice Sites:**

A healthcare facility that had (or was located in) a HPSA that hired behavioral health professionals to administer direct services and whose clientele was no less than 50% Medicaid.

### **Award Amount & Obligation:**

In exchange for a minimum one year service commitment at a qualifying site, awardees were eligible to receive up to \$20,000 to repay qualifying educational debt.

# Current State Incentive programs- PCLF (Loan Forgiveness)

## Primary Health Care Loan Forgiveness Program (PCLF)

### **Eligible Students:**

Students who were admitted to an approved Oregon rural training track for MD/DO, NP or PA, in their 2<sup>nd</sup> or 3<sup>rd</sup> year of schooling, in good academic standing, and enrolled full time.

### **Qualifying Practice Sites:**

A healthcare facility that provided primary care health services, had (or was located in) a HPSA, and was located in a rural community.

### **Award Amount & Obligation:**

Up to \$35,000 per year, which was paid directly to the student's educational institution, in exchange for one year of service at an approved site.

# Current State Incentive programs-SHOI (Loan Forgiveness)

## **Scholars for a Healthy Oregon (SHOI)**

### **Eligible Students:**

MD, DMD, MPAS, OR MN students who had been admitted to OHSU as an Oregon Resident or Oregon Heritage student.

### **Qualifying Practice Sites:**

Clinics located in urban communities\* that were nonprofits, had (or was located in) a HPSA, and were seeing at least 50% Medicaid patients; or clinics in rural areas that had (or was located in) a HPSA.

### **Award Amount & Obligation:**

Up to \$35,000 per year, which was paid directly to the student's educational institution, in exchange for one year of service at an approved site.

\*If a student chose to practice in an urban community they were required to practice primary care only (no specialties).

# Current State Incentive Programs- Other Incentives

## **Rural Practitioner Tax Credit Program**

### **Eligibility Requirements/Credit Value:**

MD, DO, NP, PA, CRNA, DPM, DMD, DDS, or OD practicing in a rural community. Eligible providers received a minimum credit of \$3,000 per year, and a maximum of \$5,000 a year, based on proximity to an urban community.

## **Oregon Rural Volunteer EMS Provider Tax Credit**

### **Eligibility Requirements/ Credit Value:**

Emergency Medical Services (EMS) Provider licensed by the State of Oregon, providing some services on a volunteer basis in a rural community. Eligible EMS providers received \$250 in personal income tax credit.

## **Rural Medical Practitioners Insurance Subsidy Program**

### **Eligibility Requirements/ Credit Value:**

Private practice Physicians and Nurse Practitioners who practice in a rural area and who's insurance is not paid by a health system. Eligible providers received a minimum of 15%, and a maximum of 80%, of their premiums paid based on the types of services they offered and the community they served.

# Current Federal Incentive Programs-SLRP (Loan Repayment)

## Oregon Partnership State Loan Repayment (SLRP)

### **Eligible Providers:**

Allopathic or Osteopathic Physicians, Nurse Practitioners, Physician Assistants, Certified Nurse-Midwives, Dentists, Licensed Mental Health Professionals, Registered Nurses, and Pharmacists. Candidates must be US citizen at the time of application; contracted to begin working or already working in a HPSA designated service site; providing services in primary care.

### **Qualifying practice sites:**

Non-profit with (or located in) a HPSA, that automatically offers discounts to patients who fall below 200% of the Federal Poverty Level. Sites must not engage in asset testing to determine a patient's eligibility for discounted services. Sites must be willing and able to provide 50% of the provider's award, plus a 10% administrative fee on the total of the award.

### **Award amount and Obligation:**

Tiered award amounts based on awardee's site's HPSA score, with a minimum of 10% of an awardee's qualified loan debt per year, and a maximum of 20% of qualified loan debt per year, in exchange for a two year service obligation.



# Current Federal Incentive Programs-NHSC (Loan Repayment)

## National Health Service Corps Loan Repayment Program

### **Eligible Providers:**

MD, DO, NP, CNM, PA, DMD, DDS, RDH, HSP, LCSW, PNS, MFT, and LPC

### **Qualifying practice sites:**

Federally-Qualified Health Centers, American Indian Health Facilities, FQHC Look-Alikes, Correctional or Detention Facilities, Rural Health Clinics, Critical Access Hospitals, State or Local Health Departments, Community Outpatient Facilities, Qualifying Private Practices, School-Based Clinics, Mobile Units and Free Clinics.

### **Award amount and Obligation:**

Up to \$50,000 to repay qualified health profession student loan debt in exchange for a two-year commitment to work at an approved NHSC site in a high-need, underserved area.

**<https://nhsc.hrsa.gov/loanrepayment/loanrepaymentprogram.html>**

# Why Should a Practice Site Complete a Site Application?

- Allows the ORH to determine what programs your site qualifies for, using a single application
- Helps the ORH to collect data to support the Oregon's Incentive Programs
- Helps the ORH to keep sites informed about incentive programs and other workforce program benefits



## SITE ELIGIBILITY APPLICATION FOR ALL STATE INCENTIVE PROGRAMS

The Oregon Office of Rural Health works to support you in your recruitment and retention efforts.

This application determines practice site eligibility for the following programs:

**The Oregon Partnership State Loan Repayment Program (SLRP)**

**The Primary Health Care Loan Forgiveness Program (PCLF)**

**The Scholars for Healthy Oregon Program (SHOI)**

*Please complete and submit this application and we will work with you to find a program that best meets your needs based on your site's qualifications. Questions 1-6 are required in order to determine eligibility, all incomplete applications will be returned.*

Questions about our programs, or this application, should be directed to the Rural Workforce Team:

[ruralworkforce@ohsu.edu](mailto:ruralworkforce@ohsu.edu) or 503.494.4450.

1. Name of Practice Site: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice Site Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Practice Site Website Address: \_\_\_\_\_
2. Name of Parent Organization (if applicable): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Executive Director: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Executive Director Email: \_\_\_\_\_
3. HPSA Type & HPSA ID Number (please indicate all that apply)  
Primary Medical Care HPSA ID Number: \_\_\_\_\_ HPSA Score \_\_\_\_\_  
Mental Health Care HPSA ID Number: \_\_\_\_\_ HPSA Score \_\_\_\_\_  
Dental Care HPSA ID Number: \_\_\_\_\_ HPSA Score \_\_\_\_\_

HPSA ID numbers and scores can be searched by address at:

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>

Name of Practice Site's CCO: \_\_\_\_\_

# So...Why Did the Legislature Make Changes?

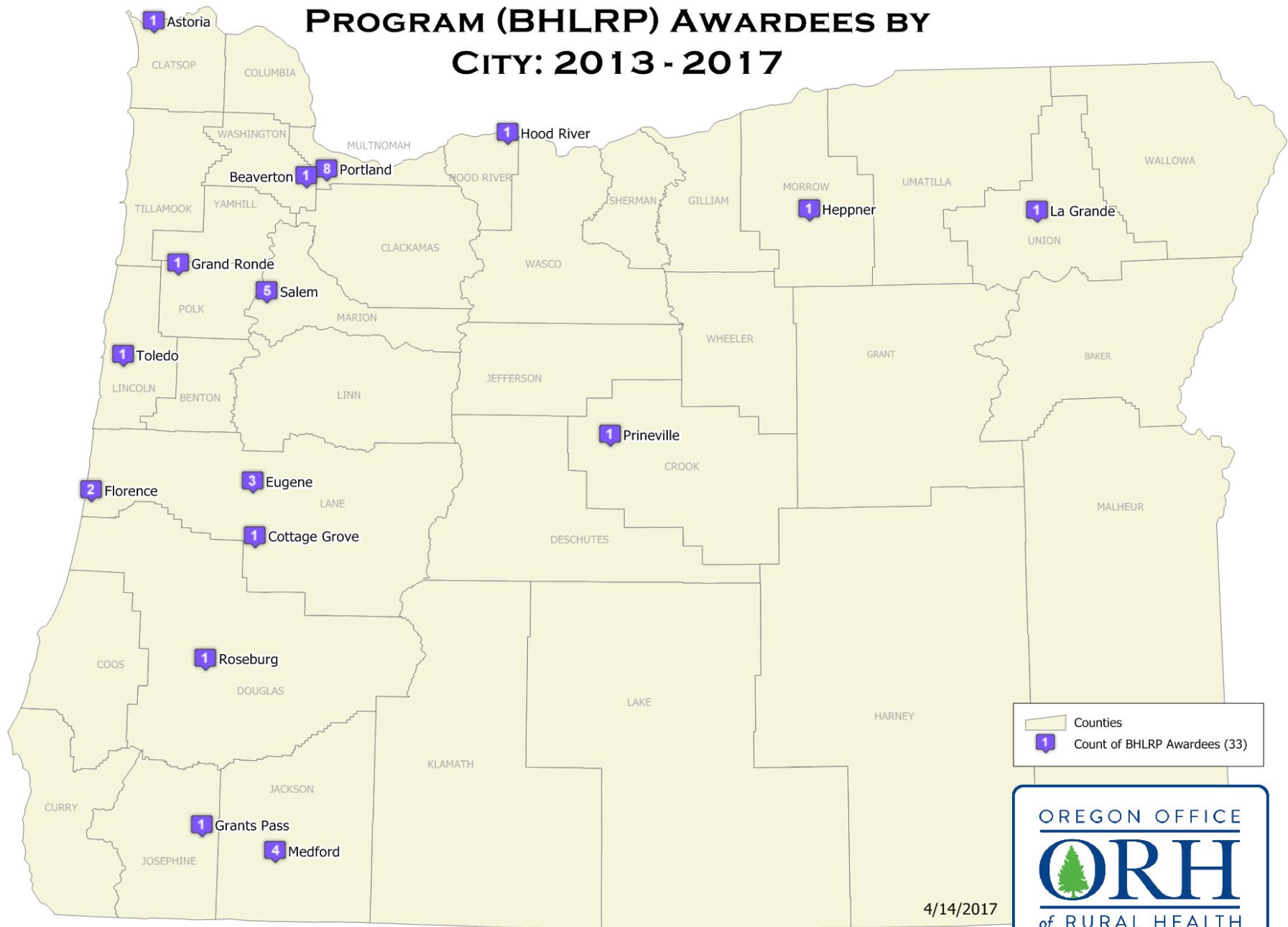


# HB 3396 – Incentive Review

## HB 3396:

- Passed by the Oregon Legislature during the 2015 Session
- Required the Oregon Health Authority conduct a review and analysis of all provider incentive programs – state and local – to determine their effectiveness.
  - OHA hired the Lewin Group – and found that the programs were effective but some changes should be implemented
- Moved all state incentive program into one fund - The Health Care Provider Incentive Fund
- Sunset existing provider incentive program at the end of 2017

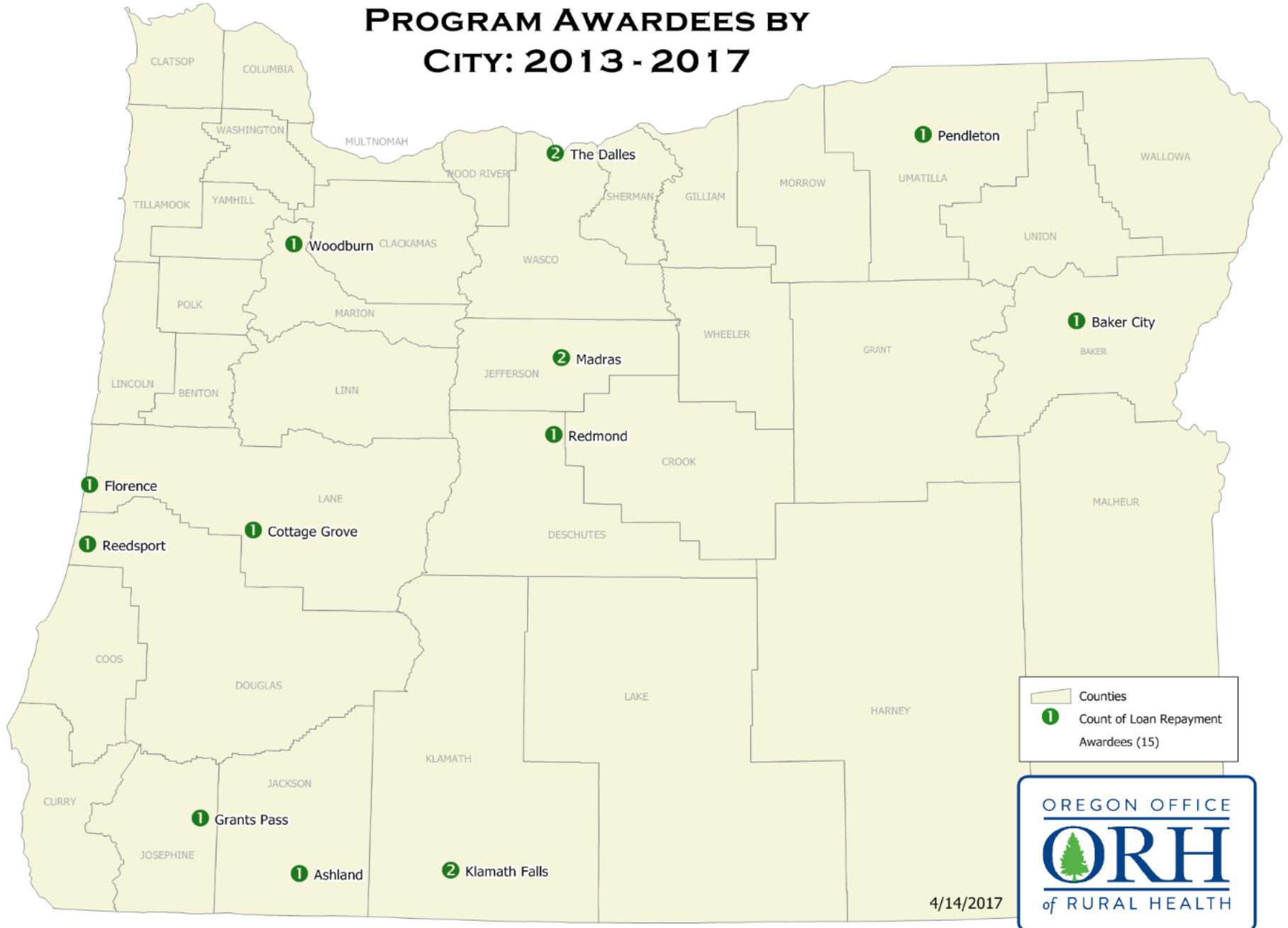
# BEHAVIORAL HEALTH LOAN REPAYMENT PROGRAM (BHLRP) AWARDEES BY CITY: 2013 - 2017



4/14/2017

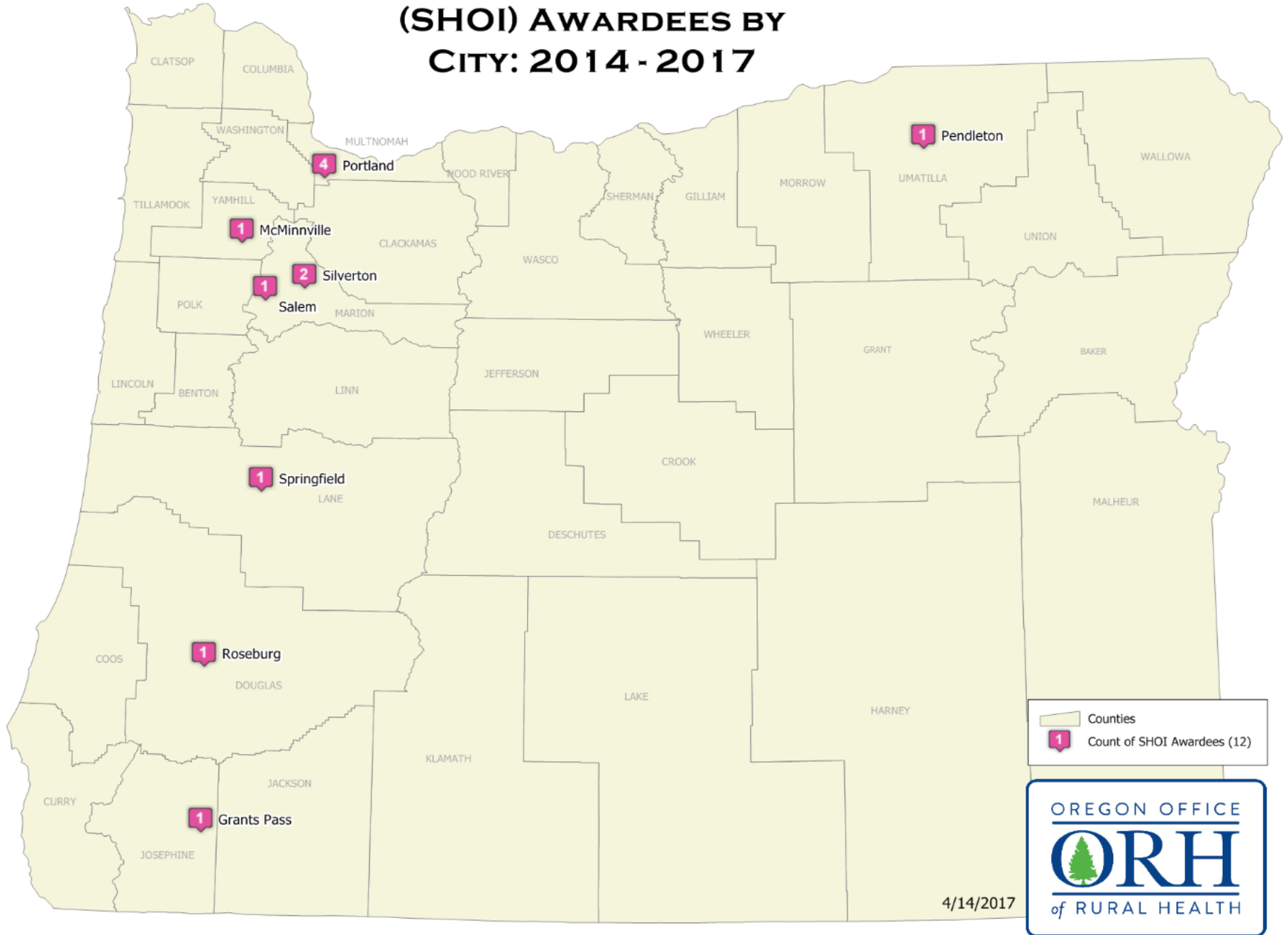


# PRIMARY CARE LOAN FORGIVENESS PROGRAM AWARDEES BY CITY: 2013 - 2017

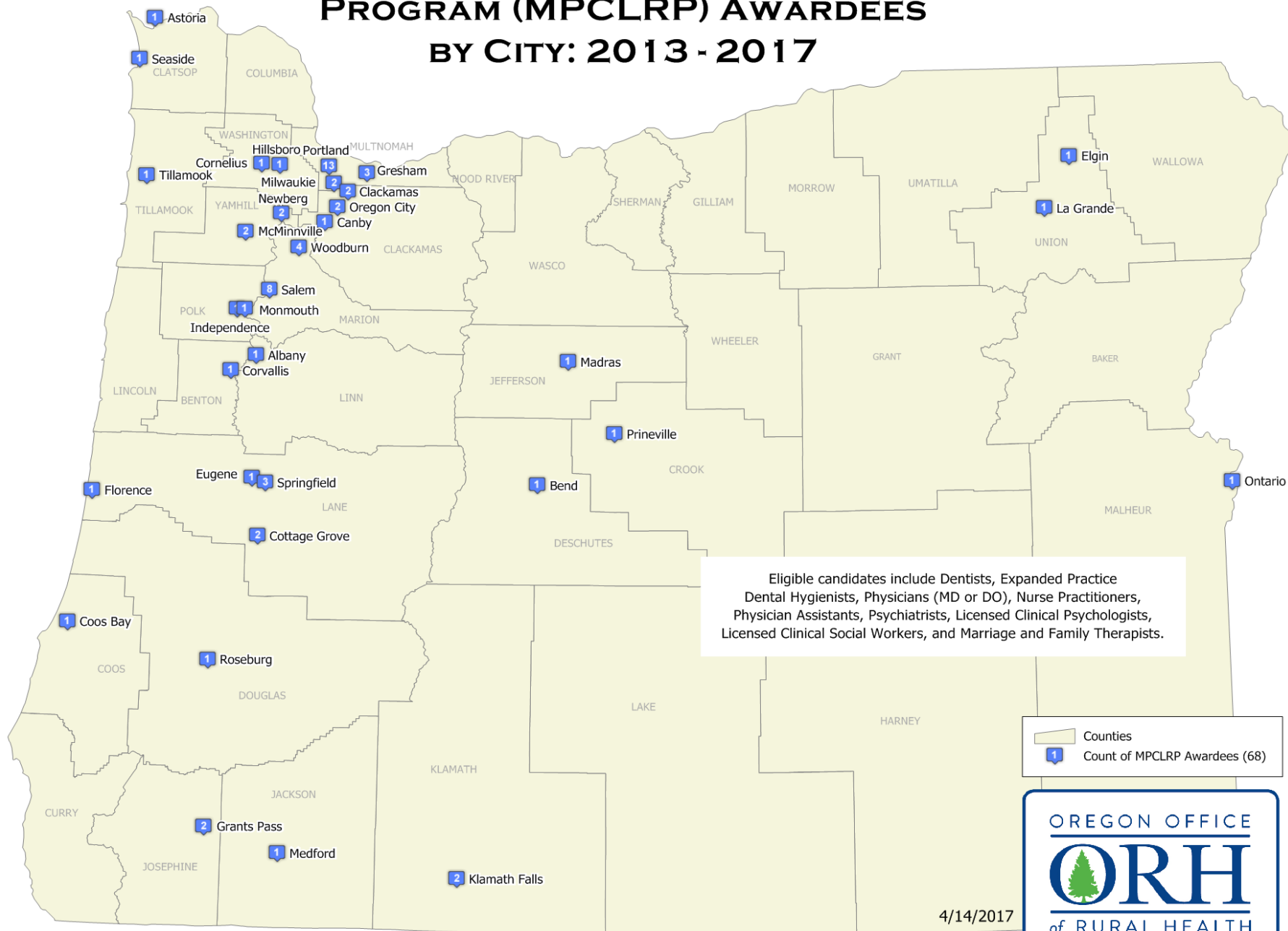




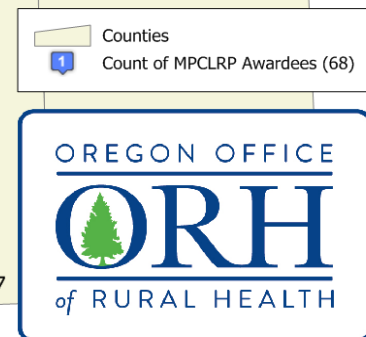
# SCHOLARS FOR A HEALTHY OREGON (SHOI) AWARDEES BY CITY: 2014 - 2017



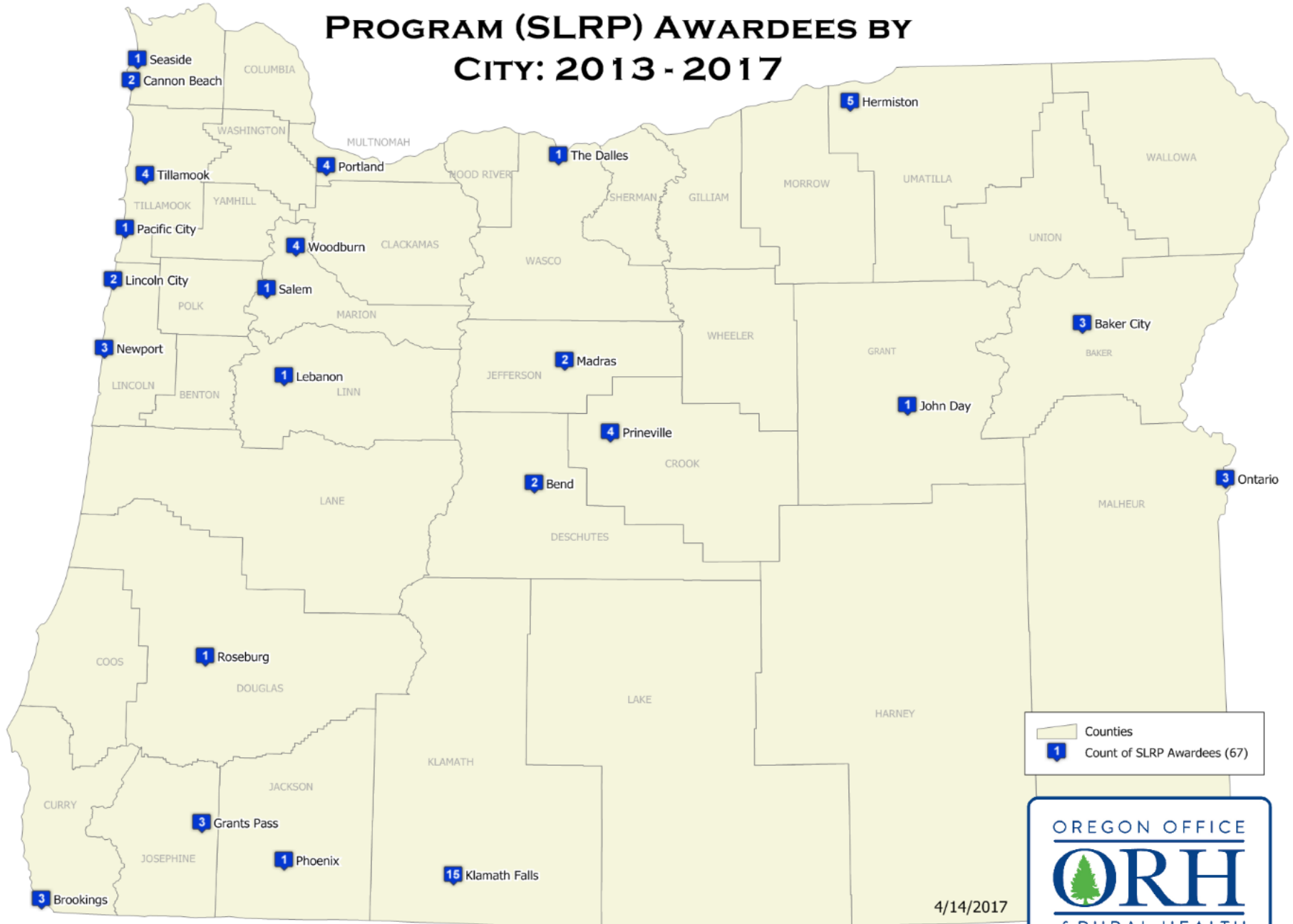
# MEDICAID PRIMARY CARE LOAN REPAYMENT PROGRAM (MPCLRP) AWARDEES BY CITY: 2013 - 2017



4/14/2017



# OR PARTNERSHIP STATE LOAN REPAYMENT PROGRAM (SLRP) AWARDEES BY CITY: 2013 - 2017



4/14/2017

Counties  
Count of SLRP Awardees (67)



# HB 3261 Incentive Programs

- 2017 Oregon Legislature passed HB 3261 changes Provider Incentive Programs,
- The Oregon Health Policy Board, in consultation with the Oregon Health & Science University and the Office of Rural Health, shall conduct an assessment of the health care workforce needs in this state, including, but not limited to:
  - The continuing expansion in commercial and publicly funded health care coverage;
  - Health disparities among medically underserved populations;
  - The need for health care providers in rural communities

# HB 3261 Incentive Programs

- Oregon Health Policy Board shall collect information about financial incentive program participants:
  - The month and year of entry into the program;
  - The locations of service and duration of service in each location;
  - The main services provided, discipline, specialty and hours of direct patient care;
  - The percentage of services provided through telemedicine;
  - Other demographic information that the board and the Office of Rural Health determine to be useful in the evaluation

# HB 3261 Incentive Programs

- The OHPB shall report to the Legislative Assembly in each odd-numbered year on the health care workforce needs in this state and
- The OHPB will make proposals for addressing those needs with programs funded by the Health Care Provider Incentive Fund



# Who is the Oregon Health Care Policy Board

The nine-member [Oregon Health Policy Board \(OHPB\)](#) serves as the policy-making and oversight body for the Oregon Health Authority

Board members are nominated by the Governor and must be confirmed by the Senate. Board members serve a four-year term of office.

## **Subcommittees:**

- Medicaid Advisory Committee

- Health Plan Quality Metrics Committee

- Behavioral Health Collaborative

- Primary Care Transformation Collaborative

- Health Care Workforce Committee**

- Health Information Technology Oversight Council

- Public Health Advisory Board

- Health Equity Policy Committee

# Oregon Health Workforce Committee

The Committee advises the Oregon Health Policy Board on the healthcare workforce and develops recommendations and action plans for implementing the necessary changes to train, recruit and retain a dynamic health care work force scaled to meet the needs of new systems of care.

[Meeting Schedules](#)

# Oregon Health Workforce Committee

## Members:

- David Pollack, MD, Chair Professor for Public Policy, Departments of Psychiatry and Public Health and Preventive Medicine, Oregon Health & Science University,
- Robyn Dreibelbis, DO Vice-Chair Vice Chair, Department of Family Medicine, Western University of Health Sciences,
- Shilena Battan Clinician/Provider Talent Acquisition Manager, Virginia Garcia,
- Jeff Clark, ND Naturopathic Physician,
- Roxana Ermisch Lead Interpreter, Spanish Language Interpreter Program,
- Annette Fletcher Workforce Planning Consultant, PeaceHealth,
- Maria Lynn Kessler Professor and Program Director of Applied Psychology, OIT,
- Paul Gorman Assistant Dean for Rural Medical Education, Department of Medicine, OHSU,
- Jane Irungu Assistant Vice President for Student Engagement, Director of the Center for Multicultural Excellence,
- Troy Larkin Registered Nurse, Regional Director of Clinical Education,
- Kate Lee Provider Recruiter,
- Janus Maybee Psychiatric Mental Health Nurse Practitioner, Mill Street Psychiatric,
- Pepper McColgan CHW Training Coordinator, Northeast Oregon Network, NEON,
- Alisha Moreland, MD Chief Medical Director for Volunteers, OHSU,
- David Nardone, MD Retired Physician, Veteran's Administration,
- Daniel Saucy, DMD Dentist, Private Practice,
- Curt Stilp Director, Oregon Area Health Education Center
- Oregon Health Policy Board Liaison Carla McKelvey, MD,

# HB 3261 Incentive Programs

## THE MONEY

- \$4 million to fund the Primary Care Provider Loan Repayment
- \$2.5 million for the Scholars for a Healthy Oregon Initiative
- \$1 million for other scholarships.
- \$500,000 to the Primary Health Care Loan Forgiveness Program



# HB 3261 Incentive Programs

- Up to \$1 million for other financial incentives offered by the health care provider incentive program
- Up to \$4 million for purposes of loans or grants to support communities' plans for addressing the unmet health care workforce needs in each community,
- Additional moneys remaining in the Health Care Provider Incentive Fund after the distributions and unexpended balances, as of January 1, 2019, shall be distributed as directed by the Oregon Health Policy Board.

# Implementing HB 3261

OHA established the Rules Advisory Committee (RAC) 

RAC has completed work and the OHA will complete rule development 

Rules promulgation by November 14 2017

30 days public comment period with public hearing

Goal to have programs up and running by January 2, 2018



# What are the rules looking like?

## **Loan Repayment Subsidies**

Loan repayment recipients must agree to serve Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area, as determined by the Authority up to a maximum of 50% with at least 25% of which is Medicaid.

Loan Repayment recipients may commit to practice either full-time in a qualifying practice site for at least three years or part-time in a qualifying practice site for at least three years. The initial agreement may be renewed twice for additional periods of three years subject to approval of the Authority—for a total of nine years of service.

# What are the rules looking like?

## Loan Repayment Subsidies

The following factors may be considered in determining whether to accept an eligible provider for participation in the program, including but not limited to:

- **Ability to obtain federally funded incentives:** Providers who apply to practice at a qualifying practice located in a higher scoring HPSA (14 and above) that has been determined may not reach the threshold for federal NHSC or NurseCorps awards in a given year.
- **Other determined need of the area:** Providers who apply to practice at a qualifying practice located in a service area ranking below the median in the most recent Areas of Unmet Health Care Need report published by the Oregon Office of Rural Health.
- **Site NHSC Certification Status:** Providers committing to practice at a qualifying practice site that is certified to meet the requirements of the National Health Service Corps.
- **PCPCH status of the practice site:** Providers who will provide services in, or in affiliation with, a Patient Centered Primary Care Home (PCPCH) recognized by the State of Oregon.
- **Duration of time committed to practice site, or to serving in Oregon:** Priority for an award based on the duration of time they commit to serve at their practice site or in the state.
- **Provider types, disciplines, or ethnic or linguistic diversity particularly needed in a community:** Providers priority for an awardee who meets specific needs identified by a community, including ethnicity, language spoken, specialty or provider type.
- **Community willingness to contribute to the cost of the award:** A practice site or community agrees to share in the cost of the incentive at the time of application.
- **Demonstrated investment in integration of behavioral health care services with primary care:** A provider may receive priority consideration if they are working at a site that is facilitating the integration of behavioral health services within the community.

# What are the rules looking like?

## Loan Repayment Subsidies

### Maximum Award Amounts

Full-Time service repayment subsidy recipients are eligible for a maximum loan repayment award in the following manner:

- A. Fifty percent of the balance owed on qualifying loans upon program entry for an initial three years of service.;
- B. Sixty percent of the balance owed on remaining qualifying loans for an additional three years of service;
- C. Seventy percent of the balance owed on remaining qualifying loans for a final three years of service;
- D. A participant may receive no more than \$35,000 in a single year for full-time service.

# What are the rules looking like?

## Loan Repayment Subsidies

### Maximum Award Amounts

Part-Time Service Loan repayment subsidy recipients are eligible for a maximum loan repayment award in the following manner:

- A. Twenty-five percent of the balance owed on qualifying loans upon program entry for an initial three years of service;
- B. Twenty-five percent of the balance owed on remaining qualifying loans for an additional three years of service;
- C. Twenty-five percent of the balance owed on remaining qualifying loans for a final three years of service;
- D. A participant may receive no more than \$25,000 in a single year for part-time service.

# What Are the Rules Looking Like?

## **Loan Forgiveness Payments**

Loan Forgiveness recipients must agree to serve Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area, as determined by the Authority up to a maximum of 50%, with at least 25% of which is Medicaid.



# What Are the Rules Looking Like?

## **Medical malpractice insurance premium subsidies**

Practitioners in the Program who receive an insurance subsidy shall receive a maximum subsidy of:

- A. Eighty percent of the actual premium charged for physicians specializing in obstetrics and nurse practitioners certified for obstetric care;
- B. Sixty percent of the actual premium charged for physicians specializing in family or general practice who provide obstetrical services;
- C. Forty percent of the actual premium charged for physicians and nurse Practitioners engaging in one or more of the following practices:
  - Family practice without obstetrical services;
  - General practice without obstetrical services;
  - Internal medicine;
  - Geriatrics;
  - Pulmonary medicine;
  - Pediatrics;
  - General surgery; or
  - Anesthesiology;
- D. Fifteen percent of the actual premium charged for physicians and nurse practitioners other than those included in sections (3) (a)

# What Are the Rules Looking Like?

## **Practicing “Full-Time”**

Working at least 40 hours per week, with a minimum of 32 hours per week spent providing direct patient care, averaged over the month for a minimum of 45 weeks per service year. Patient charting is considered a component of offering direct patient care. Telehealth may be considered direct patient care when the receiving site (location of the patient) is located in Oregon.

## **Practicing “Part-Time”**

Working at least 20 hours per week, with a minimum of 16 hours per week spent providing direct patient care, averaged over the month for a minimum of 45 weeks per service year. Patient charting is considered a component of offering direct patient care. Telehealth may be considered direct patient care when the receiving site (location of the patient) is located in Oregon.



# What Are the Rules Looking Like?

## **Scholars For a Healthy Oregon Initiative (SHOI)**

Awardees will graduate with a service commitment to practice at a qualified site in Oregon for a minimum of one year longer than the total years of funding received.

### **SHOI urban sites must:**

- Have a HPSA; and
- Be a nonprofit; and
- Serve no less than 50% Medicaid
- Be a primary care facility

### **SHOI rural sites must:**

- Have a HPSA; and
- Be located in a rural community

## **Primary Health Care Loan Forgiveness Program (PCLF)**

Awardees will graduate with a service commitment to practice at a qualified site in Oregon for a length of time equal to the number funding years received.

### **PCLF sites must:**

- Have a HPSA; and
- Be located in a rural community
- Be a primary care facility

# What Are the Rules Looking Like?

## **SHOI Lookalike Loan Forgiveness**

Scholarships for students in health professional training programs at institutions of higher learning other than OHSU.

- Awards will not exceed the amount of the highest instate tuition
- Priority should be given to students who are:
  - From rural heritage
  - First generation college students
  - From a diverse or underrepresented community
- Qualified sites for this program will be similar to the SHOI Program

# HB 2066 - Rural Provider Tax Credit-2018 Forward

Most of the eligibility criteria remain as they were for tax years 2016 and 2017. The following are the new eligibility criteria and sunset date, which go into effect January 1, 2018.

- Practitioners with an adjusted gross income of \$300,000 or more for the tax year (whether filing individually or jointly) will be ineligible for the credit. This limitation does not apply to physicians who practice as a general surgeon, specialize in obstetrics or specialize in family or general practice and provide obstetrical services.
- The program's sunset date is December 31, 2021. Should the program be discontinued at that time, taxpayers who meet the eligibility requirements for tax year 2021 can claim the credit through tax year 2030, as long as they maintain all eligibility requirements.
- Eligible taxpayers may not claim the credit for more than a total of ten tax years beginning on or after January 1, 2018.

**These new rules do not affect tax year 2017**

You can find the full sets of rules grouped by licensure [here](#).

# What Are the Rules Looking Like?

- **Community Workforce Assistance Grants** to support recruitment and retention of providers who will deliver care that supports the opportunity for people to be healthy.
- **Other incentives** as identified and directed by the Oregon Health Policy Board



**Time for  
Suggestions!**

# Contact Us

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**Annalee Venneri:** [venneri@ohsu.edu](mailto:venneri@ohsu.edu)

**General:** [ruralworkforce@ohsu.edu](mailto:ruralworkforce@ohsu.edu)



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