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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 409  
**OREGON HEALTH AUTHORITY**  
**HEALTH POLICY AND ANALYTICS**

**FILED**  
03/11/2026 8:39 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Updating incentive program descriptions based on external partner and internal recommendations.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/21/2026 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

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Filed By:  
Melanie White  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 04/17/2026

TIME: 12:00 PM - 1:00 PM

OFFICER: Mel White

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 1-971-277-2343

CONFERENCE ID: 787723170

SPECIAL INSTRUCTIONS:

Attendees will need to join the meeting by Microsoft Teams or phone. If you wish to provide comment, please be signed in or call in by no later than 15 minutes after the start time. Join by Microsoft Teams: Meeting ID: 21556577665362  
Passcode: RB2to6Ne or call in: +1-971-277-2343 Phone Conference ID: 787723170# If you need assistance or have questions, please contact [HPA-Rules@oha.oregon.gov](mailto:HPA-Rules@oha.oregon.gov) at least 5 days before the meeting.

NEED FOR THE RULE(S)

The event is rulemaking for the Health Care Provider Incentive Program (2017 HB 3261). The rulemaking process aims to update the incentive program descriptions, based on external partner and internal recommendations.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Fund allocation and program administration by OHA is based on finding from two OHA biennial reports, listed here: <https://www.oregon.gov/oha/HPA/HP-HCW/Documents/2025-Health-Care-Workforce-Need-Assessment-report-final.pdf> and [https://www.oregonlegislature.gov/citizen\\_engagement/Reports/HCPIP-Evaluation-Report-2025.pdf](https://www.oregonlegislature.gov/citizen_engagement/Reports/HCPIP-Evaluation-Report-2025.pdf)

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

This rule aims to improve accessibility and clarity in understanding the incentive requirements while strengthening the equity and inclusion language to reflect the populations receiving resources through the Health Care Provider Incentive Program (HCPIP). By explicitly embedding equity and inclusion principles in the program's purpose statement, this rule change seeks to ensure that both the program and the process are guided by strong equity-driven approach.

Health Care Provider Incentive Program (HCPIP) is committed to supporting- the diverse and evolving health care landscape by prioritizing incentives for providers and students of color-specifically Black/African American, Latinx, American Indian/Alaska Native, Native Hawaiian/Pacific Islander and Multiracial-- as well as those with lived and cross-cultural experience. Historic evidence has clearly indicated that the above-mentioned populations are disproportionately burdened by student loans, at a higher risk of loan default, and experience more systematic barriers to entering and thriving in the health care workforce.

While these rule revisions are not expected to directly impact specific racial or ethnic communities, HCPIP consulted with OHA Tribal Affairs (Tier 3) to ensure alignment broader equity efforts. Additionally, a Rules Advisory Committee will be convened to seek input from diverse representatives within all sectors of health care workforce, including health care education, direct services, administrative/indirect care, and healthcare governance. All revisions to the rules will be made publicly available and shared with the Oregon Office of Rural Health and through the Primary Care Office newsletter.

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**FISCAL AND ECONOMIC IMPACT:**

None. This program is fully funded by legislature each biennium. Assuming it continues to receive level-funding, no additional investments are needed, and no additional cost incurred.

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**COST OF COMPLIANCE:**

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). None

(2) Effect on Small Businesses: None

(a) Estimate the number and type of small businesses subject to the rule(s);

(b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s);

(c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

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**DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):**

Small businesses were not consulted as they are not affected.

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**WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES**

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**RULES PROPOSED:**

409-036-0000, 409-036-0010, 409-036-0015, 409-036-0020, 409-036-0030, 409-036-0035, 409-036-0040, 409-036-0050, 409-036-0055, 409-036-0060, 409-036-0070, 409-036-0080, 409-036-0090, 409-036-0100, 409-036-

0110, 409-036-0120, 409-036-0130, 409-036-0140, 409-036-0150

AMEND: 409-036-0000

RULE SUMMARY: Addition of more equity centered language and reference to incentive need, based on RAC feedback.

CHANGES TO RULE:

409-036-0000

Purpose and Scope

These rules (OAR 409-036-0000 to 409-036-0150) establish the Health Care Provider Incentive Program within the Oregon Health Authority. The program ~~offers~~promotes culturally responsive care by ensuring equitable incentives for qualified health providers who commit to serving ~~the health care needs of medical assistance and Medicare enrollees in both rural and non-rural underserved areas of the state~~patients in both rural and non-rural underserved areas across Oregon, thereby improving access to care for all residents.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0010

RULE SUMMARY: Revised several definitions for added clarity, added new definitions referenced in sections of this rule, and incorporated RAC feedback to ensure alignment with current statute and other relevant sources.

CHANGES TO RULE:

409-036-0010

Definitions

The following definitions apply to OAR 409-036-0000 to OAR 409-036-0150:¶

(1) "Authority" means the Oregon Health Authority.¶

(2) "Board" means the Oregon Health Policy Board.¶

(3) "Carrier" means a medical professional liability insurer holding a valid certificate of authority from the Director of the Department of Consumer and Business Services (DCBS) that authorizes the transaction of insurance as defined in ORS 731.066 and 731.072, and does not include DCBS-listed insurers pursuant to ORS 735.300 to 735.365 and 735.400 to 735.495.¶

(4) "Certified registered nurse anesthetist" means an individual licensed by the Oregon State Board of Nursing as a certified registered nurse anesthetist under ORS Chapter 678.¶

(5) "Clinical Psychologist" means an individual licensed to practice psychology pursuant to ORS 675.010 to 675.090.¶

(56) "Clinical Social Worker" means an individual licensed to practice clinical social work pursuant to ORS 675.510 to 675.600.¶

(67) ~~"Communities of color" means members of the following racial or ethnic communities:¶~~

~~(a) American Indian;¶~~

~~(b) Alaska Native;¶~~

~~(c) Hispanic or Latino;¶~~

~~(d) Asian;¶~~

~~(e) Native Hawaiian;¶~~

~~(f) Pacific Islander;¶~~

~~(g) Black or African American;¶~~

~~(h) Middle Eastern;¶~~

~~(i) North African;¶~~

~~(j) Mixed race; or¶~~

~~(k) "Other racial or ethnic minority intract" means an eligible provider's agreement with the Authority governing the distribution of incentives under these rules.¶~~

(78) "DCBS" means the Department of Consumer and Business Services.¶

(89) "Dentist" means any individual licensed to practice dentistry pursuant to under ORS Chapter 679.¶

(10) "Dental Therapist" means a person licensed to practice dental therapy under ORS 679.603.¶

(11) "Dental Therapy" means the provision of preventive dental care, restorative dental treatment and other educational, clinical and therapeutic patient services as part of a dental care team, including the services described under ORS 679.040621.¶

~~(912) "Eligible provider" means a practitioner in Oregon licensed, certified, or credentialed to delivering health care services to patients in Oregon. The Authority may determine eligible professions based upon the most recent assessment of health care professional need. Eligible provider types will be published on the Office's program's webpage. that meets the eligibility requirements for incentives listed under these rules. ¶~~

(13) "Eligible student" means a student currently participating in an approved health care professional Training Program.¶

(104) "Essential health care services" means medical, dental or behavioral health services that have been determined to be necessary to support the health of the population of the community.¶

(145) "Expanded Practice Dental Hygienist" means an individual licensed to practice dental hygiene with an expanded practice dental hygienist permit issued under ORS 680.200.¶

(126) ~~"Licensed Professional Counselor" has the meaning given that term in~~ individual licensed under ORS 675.7015.¶

(137) ~~"Long Term Care" means in-home, commu;¶~~

(a) A licensed skilled nursing facility based care and nursing facilities defined under ORS 442.015;¶

(b) An intermediate care facility as defined under ORS 442.015;¶

(c) An adult foster care home, as defined under ORS 443.705, with all residents over 60 years of age; ¶

(d) A residential care facility as defined in ORS 443.400.¶

(148) ~~"Marriage and Family Therapist or Professional Counselor" has the meaning given that term in"~~ individual licensed under ORS 675.7015.¶

(159) "Medical assistance" has the meaning given that term in ORS 414.025.¶

(1620) "Medicare" means medical coverage provided under Title XVIII of the Social Security Act.¶

(1721) "National Health Services Corps" or "NHSC" means that program pursuant under 42 CFR Part 23.¶

(22) "Naturopathic Physician" means an individual licensed pursuant to ORS 685.010 to 685.135.¶

(18) Chapter 685.¶

(23) "Nurse Practitioner" means any individual licensed by the Oregon State Board of nursing pursuant to ORS 678.375 to 678.390.¶

(1924) "Office" means the Office of Rural Health or the Authority.¶

(205) "Pharmacist" has the meaning given that term in ORS 689.005.¶

(21) "Physician" means any individual licensed pursuant to ORS 677.100 to 677.228. "Office Website" means <https://www.ohsu.edu/oregon-office-of-rural-health>.¶

(226) "Physician Associate" means any individual licensed pursuant to ORS 677.495 to 677.545.¶

(23) "Practice full-time" means working at 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. The Authority shall consider patient charting a component of offering direct patient care. The Authority may consider telehealth as direct patient care when the receiving site (location of the patient) is located in Oregon.¶

"Oregon Area Health Education Centers (AHEC) Scholars Program" means the program developed to recruit, train and retain health care professionals committed to underserved populations, supported by the Health Resource and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under U77HP03052 Model State Area Health Education Centers.¶

(24) "Practice part-time" means working 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. The Authority shall consider telehealth as direct patient care when the receiving site (location of the patient) is located in Oregon.¶

(27) "Overpayment" means a payment made by the Authority to an eligible provider participating in the Program in excess of the correct patient care when the receiving site (location of the patient) is located in Oregon amount specified under the terms of the contract.¶

(258) "Priority Populations" means groups that disproportionately experience avoidable illness, death or other poor health or social outcomes attributable directly or indirectly to racism, including:¶

- (a) Communities of color;¶
- (b) Oregon's nine federally recognized tribes and the descendants of the members of the tribes, or other tribal members;¶
- (c) Immigrants;¶
- (d) Refugees;¶
- (e) Migrant and seasonal farmworkers;¶
- (f) Low-income patient-Centered Primary Care Home Program" or "PCPCH" means the program described ORS 413.259.¶

(29) "Pharmacist" means an individual licensed under ORS Chapter 689.¶

(30) "Physician" means an individual licensed under ORS Chapter 677.¶

- (g) Medicaid or uninsured Persons with disabilities; and¶
- (h) Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity licensed under ORS Chapter 677.¶

(31) "Physician Associate" means any individual licensed under ORS 677.495 to 677.535.¶

(326) "Program" means the Health Care Incentive Program.¶

(27) "Qualified Mental Health Associate" means a mental health professional that meets the following minimum qualifications:¶

- (a) Bachelor's degree in a behavioral sciences field; or¶
- (b) A combination of at least three years relevant work, education, training or experience; and¶
- (c) Demonstrates the competency necessary to communicate effectively; understand mental health assessment, treatment and service terminology and apply these concepts; provide psychosocial skills development; implement interventions as assigned on an individual plan of care; and provide behavior management and case management duties.¶

(28) "Qualified mental health professional" (QMHP) means a licensed behavioral health practitioner or any other person who holds any of the following educational degrees and meets the following minimum qualifications:¶

- (a) Graduate degree in psychology;¶
- (b) Bachelor's degree in nursing and licensed by the State of Oregon;¶
- (c) Graduate degree in social work;¶
- (d) Graduate degree in a behavioral science field;¶
- (e) Graduate degree in recreational, music, or art therapy;¶
- (f) Bachelor's degree in occupational therapy and licensed by the State of Oregon; and¶
- (g) Whose education and experience demonstrate the competency to identify precipitating events; gather

histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi-axial DSM diagnosis; write and supervise an individual plan of care; conduct a "full-time" means working at 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. ¶

(33) "Practice part-time" means working 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. ¶

(34) "Priority Populations" has the meaning given that term in ORS 413.256. ¶

(35) "Program" means the Health Care Provider Incentive Program. ¶

(36) "Program Website" means <https://www.oregon.gov/oha/hpa/hp-pco/pages/hc-provider-incentive.aspx>. ¶

(37) "Qualified Mental Health Associate" means a mental health professional delivering services under the direct supervision of a QMHP that meets the minimum qualifications of OAR 309-019-0125. ¶

(38) "Qualified Mental Health assessment and provide individual, family or group therapy within the scope of their training. Professional" or "QMHP" means a licensed medical practitioner or any other person who meets the minimum qualifications of OAR 309-036-0105. ¶

(239) "Qualifying loan" means one or more government, or commercial loans received solely to cover the cost of health professional training, or undergraduate or other educational training. This does not include credit card loans, lines of credit, and personal loans. ¶

(340) "Qualifying practice site" means: ¶

(a) A rural hospital as defined in ORS 442.470 serving Medicaid and Medicare patients in no less than the meaning given that term in OAR 409-036-0015. ¶

(41) "Rural" has the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined; ¶

(b) A federally certified Rural Health Clinic serving 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 requirement of 50 percent of patient mix for Medicare and Medicaid combined; ¶

(c) A federally qualified Community Health Center serving 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 requirement of 50 percent of patient mix for Medicare and Medicaid combined; or ¶

(d) A site other than those listed above that: ¶

(A) Provides essential health care services to patients in an area approved as a medical, dental or mental Health Professional Shortage Area (HPSA) as defined by the federal Health Resources and Services Administration or ranking below the Areas of Unmet Health Care Need median as determined by the Office; ¶

(B) Serves Medicaid and Medicare patients in no less than meaning given that term in ORS 431.122 ¶

(42) "Site Application" means the Site Eligibility Application for All State Incentive Programs issued by the Office to determine whether a site is a Qualified Practice Site. ¶

(43) "Telehealth" means the provision of health services as defined by OAR 410-141-3566. ¶

(44) "These rules" means the same proportion of such patients in the county or other service area as determined by the Authority, up to a maximum requirement of 50 percent of patient mix for Medicare and Medicaid combined, when a majority of providers are eligible for reimbursement from these programs for health services provided; ¶

(C) Has a majority of providers at the site eligible for reimbursement from both Medicare and Medicaid. If a majority of providers at the site are not eligible for reimbursement from both programs, the site is qualified as long as the site serves either Medicaid or Medicare patients in no less than the same proportion of such patients in the county or other service area as set forth in OAR 409-036-0000 through OAR 409-036-0150. ¶

(45) "Training Program" means a course of study that results in certification, licensure or other credential related to the health care workforce; or other program as determined by the Authority; ¶

(D) Provides essential health care services to an underserved population, as determined by the Authority; or ¶

(E) Serves Medicaid and/or uninsured patients in a Community Based, Residential, or Long Term Care settings, as defined by the Authority OAR 410-141-3500. ¶

(3147) "Telehealth" means the provision of health services from a distance using electronic communications. ¶

(32) "Training Program" means a course of study that results in certification, licensure or other credential related to the healthcare workforce; or other program as determined by the authority "trauma informed services" has the meaning given that term in OAR 410-141-3500.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

ADOPT: 409-036-0015

RULE SUMMARY: Addition of a new section to clarify the practice site requirements for incentives within the Program. These requirements are already available on the Oregon Office of Rural Health (ORH) website, and incorporated RAC feedback to ensure clarity of definitions.

CHANGES TO RULE:

409-036-0015

Qualified Practice Site

In order to qualify as a Qualified Practice Site under these rules, a site must meet the following requirements under this rule. ¶

(1) For Loan Repayment Subsidies under OAR 409-036-0030, a qualified practice site must meet (a) below and also must meet either (b), (c), or (d) below: ¶

(a) Have a valid Site Application on file with the Oregon Office of Rural Health, dated within the past 12 months and have received confirmation of site qualification; and ¶

(b) Be located in a Health Professional Shortage Area (HPSA), have a Facility HPSA designation, serve in an underserved area or area of unmet need; or ¶

(c) Serve Medicaid and/or Medicare patients in a proportion equal to or greater than the county average; or ¶

(d) Provide essential health care services to an underserved population, as determined by the Oregon Health Authority (OHA). ¶

(2) For Loan Forgiveness Payments under OAR 409-036-0035, a qualified practice site must meet (a) and (b) below and also must meet either (c), (d), or (e) below: ¶

(a) Have a valid Site Application on file with the Oregon Office of Rural Health, dated within the past 12 months and have received confirmation of site qualification; and ¶

(b) Be located in a rural community; and ¶

(c) Be located in a Health Professional Shortage Area (HPSA), have a Facility HPSA designation, serve in an underserved area or area of unmet need; or ¶

(d) Serve Medicaid and/or Medicare patients in a proportion equal to or greater than the county average; or ¶

(e) Provide essential health care services to an underserved population, as determined by the Oregon Health Authority (OHA).

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0020

RULE SUMMARY: Updated language describing the incentives offered under the Program and incorporated RAC feedback for clarity.

CHANGES TO RULE:

409-036-0020

Types of Incentives Offered Under the Program

The types of incentives that may be provided under this pe Program include:

(1) Loan Repayment subsidies that meet the requirements of OAR 409-036-0030; to support the retention of health care providers in the area;

~~(2) Oregon;~~

(2) Primary Care Loan Forgiveness Payments that meet the requirements of OAR 409-036-0035; to support the expansion of health care workforce capacity in rural areas of the state;

~~(3) Oregon;~~

(3) Incentive opportunity for scholarships for eligible students in health professional Training Programs at the Oregon Health and Science University in a manner consistent with ORS 348.303 and meet the requirements in OAR 409-036-0040 to help students locate in rural and non-rural underserved areas;

~~(4) S. Scholarships must be consistent with the requirements of the Scholars for a Healthy Oregon Initiative created by ORS 348.303;~~

(4) Incentive opportunities specific to Health Care Workforce Scholarships. This refers to public and private institutions or organizations training students that provide scholarships for eligible students in health professional Training Programs other than those in Scholarships must meet the requirements in OAR 409-036-0020 (3)40 to help eligible students located in rural and non-rural underserved areas;

~~(5) Community Workforce Assistance Grants to support recruitment and retention of providers who will deliver care that supports the opportunity to achieve optimal health.~~

~~(6) Medical malpractice insurance premium subsidie of Oregon;~~

(5) Rural medical practitioner insurance subsidies that meet the requirements in OAR 409-036-0050 and enable providers to remain practicing in rural areas of the state;

(6) Community Workforce Assistance Grants that meet the requirements in of OAR 409-036-00560 and enable providers to remain practicing in rural areas of the state; and to support community-based training initiatives, and recruitment and retention of providers who will deliver care to address workforce shortages and expand diversity;

(7) Other Incentives Opportunities as identified and directed by the Board allocated by the Authority and based on the most recent Health Care Workforce Needs Assessment conducted by the Board, as required under ORS 676.459.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0030

RULE SUMMARY: Revisions include updates to eligibility criteria and program requirements to improve clarity, consistency, and ease of understanding for each incentive within the Program. RAC feedback was also incorporated to further clarify practice site eligibility.

CHANGES TO RULE:

409-036-0030

Eligibility Criteria and Application Requirements specific to Loan Repayment Subsidies

~~(1) An eligible provider may receive a loan repayment subsidy if they are not at the same time receiving loan repayment or forgiveness under a separate, competing service obligation pursuant to ORS 676.460.~~

~~(2) The Authority may offer loan repayment subsidies bas~~Eligibility Criteria.

~~(a) Eligible provider types include:~~

~~(A) Dentists in general or pediatric practice;~~

~~(B) Expanded Practice Dental Hygienists;~~

~~(C) Dental Assistants;~~

~~(D) Dental Therapists;~~

~~(E) Pharmacists;~~

~~(F) Physicians (MD, DO or ND) who practice in the specialties of family medicine or general practice, general internal medicine, geriatrics, pediatrics, or obstetrics and gynecology;~~

~~(G) Nurse Practitioners who practice in the specialties of adult primary care, women's health care, geriatrics, pediatrics, family practice, psychiatry or nurse midwifery;~~

~~(H) Physician Associates who practice in the specialties of family medicine or general practice, general internal medicine, geriatrics, pediatrics or obstetrics and gynecology;~~

~~(I) Pre-licensed/Licensed Clinical Social Workers;~~

~~(J) Pre-licensed/Licensed Marriage and Family Therapists;~~

~~(K) Pre-licensed/Licensed Professional Counselors;~~

~~(L) Psychiatrists (General, Child and Adolescent, or Geriatric);~~

~~(M) Counseling/Clinical Psychologists;~~

~~(N) Psychiatric Mental Health Nurse Practitioners;~~

~~(O) Certified Alcohol and Drug Counselor I, II and III;~~

~~(P) Qualified Mental Health Associate (QMHA); and~~

~~(Q) Qualified Mental Health Professional (QMHP).~~

~~(b) Eligible providers must:~~

~~(A) Have, or have applied for, an unrestricted license or certification (if required) to practice in Oregon within their discipline.~~

~~(B) Depending on the type of loan repayment incentive as outlined on the Office website, provide health care services at a qualified practice site.~~

~~(C) Commit to practice either full-time or part-time for a three-year minimum service obligation at a qualified practice site.~~

~~(D) Not participate in the National Health Services Corps (NHSC), NurseCorps, Oregon Partnership State Loan Repayment Program or the NHSC Scholarship Program, or any other state or federal program(s) offering funds in exchange for a service obligation, unless expressly permitted under state or federal law.~~

~~(2) Application Requirements. Applications for Loan Repayment Subsidies must be completed and submitted pursuant to the instructions posted on the Office Website.~~

~~(a) The Office will notify eligible providers if submissions are incomplete. Upon resubmittal, applications will be processed as of the date the Office determined such applications to be complete.~~

~~(b) The Office will notify applicants of the status of their completed applications within 90 calendar days of a complete application submission.~~

~~(3) An eligible provider that is currently employed at a qualified practice site or has an employment contract with a qualified practice site must submit a letter to the Office, with a copy submitted to the Authority, attesting that the site meets the requirements of OAR 409-036-0015. The Authority may consider the factors outlined in OAR 409-036-0070 in determining whether to accept an eligible provider for participation.~~

~~(4) Maximum award amounts for loan repayment subsidies under this rule must be awarded in the most recent Health Caranner provided in OAR 409-036-0080.~~

~~(5) Non-Compliance. A loan repayment subsidies recipient may be considered in non-compliance with these rules when the eligible provider participating in the Program:~~

~~(a) Fails to comply with the terms of the contract;~~

- (b) Fails to maintain employment at a qualified practice site ~~W~~orkforce needs assessment conducted by the Board, as identified in Oregon Laws 2017, Chapter 718 the duration of the contract term; ¶
  - (c) Fails to complete the minimum service obligation and does not apply for, or receive, a suspension or waiver of minimum service obligations under OAR 409-036-0100; ¶
  - (d) Fails to practice through the contract term in a site designated to serve the underserved population, if located in a community with a population HPSA; ¶
  - (e) Fails to serve Medicaid and Medicare patients in no less the same proportion as patients are served in the county or other service areas, as determined by the Authority, up to a maximum of 50% of the eligible provider's patients; or ¶
  - (f) Participates in other programs requiring service obligations.
- Statutory/Other Authority: ORS 676.454  
Statutes/Other Implemented: ORS 676.454

ADOPT: 409-036-0035

RULE SUMMARY: Addition of new section in rule focused on the eligibility criteria and program requirements specific to PCLF. RAC feedback was also incorporated to further clarify practice site eligibility.

CHANGES TO RULE:

409-036-0035

Eligibility Criteria and Application Requirements specific to Primary Care Loan Forgiveness Payments

(1) Eligibility Criteria. An eligible provider must:

(a) Be enrolled at an academic institution and in good academic standing;

(b) Participate in either the Oregon Area Health Education Centers (AHEC) Scholars Program or be accepted to an Authority-approved Oregon rural training track;

(c) Be prepared to begin practice at a qualified practice site within 90 calendar days of graduation or completion of residency, as applicable;

(d) Commit to practice full-time at a qualified practice site for the duration of their obligation to the Authority or one obligation year for every year of funding; and

(e) Not participate in the National Health Services Corps (NHSC), NurseCorps, Oregon Partnership State Loan Repayment Program or the NHSC Scholarship Program, or any other State or Federal program(s) offering funds in exchange for a service obligation, unless expressly permitted under state or federal law.

(2) Application Requirements. Applications for Primary Care Loan Forgiveness Payments must be completed and submitted pursuant to the instructions posted on the Program Website and Office Website.

(a) The Office will notify eligible providers if submissions are incomplete. Upon resubmittal, applications will be processed as of the date the Office determined such applications to be complete.

(b) The Office will notify applicants of the status of their completed applications within 90 calendar days of a complete application submission.

(3) An eligible provider that is currently employed at a qualified practice site or has an employment contract with a qualified practice site must submit a letter to the Authority attesting that the site meets the requirements of OAR 409-036-0015.

(4) The Authority may consider the factors outlined in OAR 409-036-0070 in determining whether to accept an eligible provider for participation.

(5) Maximum award amounts for Primary Care Loan Forgiveness payments under this rule must be awarded in the manner provided in OAR 409-036-0080.

(6) A loan forgiveness recipient may be considered in non-compliance with these rules when the eligible provider participating in the Program:

(a) Fails to complete their residency or training;

(b) Fails to comply with the terms of the contract;

(c) Fails to maintain employment at a qualified practice site for the duration of the contract term;

(d) Fails to complete the minimum service obligation and does not apply for or receive a waiver under OAR 409-036-0100;

(e) Fails to practice through the contract term in a site designated to serve the underserved population, if located in a community with a population HPSA;

(f) Fails to serve Medicaid and Medicare patients in no less the same proportion as patients are served in the county or other service areas, as determined by the Authority, up to a maximum of 50% of the eligible provider's patients; or

(g) Participates in other programs requiring service obligations.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0040

RULE SUMMARY: Adjustment of wording for clarity of rule.

CHANGES TO RULE:

409-036-0040

Eligibility Criteria specific to Scholarships for Students in Health Professional Training Programs  
Incentive Opportunities specific to Health Care Workforce (HCWF) Scholarships

- ~~(1) Education or Training programs in Oregon not govern~~The application cycle is determined by the Authority. ¶  
~~(2) Public and private institutions in Oregon or organizations training students in Oregon (for purposes of this rule, "Applicant"), not otherwise governed by the Scholars for a Healthy Oregon Initiative (SHOI) created by ORS 348.303, may make available scholarships using rules developed by the education or training program subject to the approval of the Authority that specify:~~submit applications in response to an incentive opportunity from the Authority for scholarships to eligible students in health care professional Training Programs. ¶  
~~(3) The purpose of the program under this rule is to provide an opportunity for education, Training Programs, and other health-related workforce programs in Oregon to apply for funds to administer a scholarship program for eligible students that will meet the health care workforce objectives set by the Oregon Health Policy Board, the Health Care Workforce Committee, and the Oregon Legislature. ¶~~  
~~(a4) The maximum amount of the scholarship; ¶~~  
~~(b) The duration of the scholarship; ¶~~  
~~(c) That scholarships shall only be available to students who commit to practicing in Oregon in areas identified by the Authority as needing providers;~~Applicant must meet the following minimum qualifications prior to submitting a response to the incentive opportunity from the Authority. Applicants must: ¶  
~~(a) Be an institution that provides health care related training serving students located in Oregon; ¶~~  
~~(b) Have the ability to collect and supply the Authority with a list of eligible student scholarship awardees no more than 30 calendar days prior to the end of the school term; ¶~~  
~~(c) Develop infrastructure required to distribute eligible student scholarships; ¶~~  
~~(d) Meet any other minimum qualification specified by the Authority in the incentive opportunity. ¶~~  
~~(5) Applications must be submitted to the Authority in the form and manner identified by the Authority in the incentive opportunity. ¶~~  
~~(d6) That successful awardees agree to serve as ambassadors for the program during participation; and ¶~~  
~~(e) That successfully awarded programs may be asked to develop a project during their training that relates to delivery and promising practices that lead to improved health.e~~ Authority must only consider timely and complete applications or proposal for possible approval and offering of a contract. ¶  
~~(7) It is within the Authority's sole discretion to issue an incentive opportunity, review and consider applications submitted, set the time for submission of applications or proposals or extend the time for applications or proposals, and to make awards that, in its best judgment, achieve the purposes of the incentive opportunity, ORS 676.454, these rules, and other applicable law. ¶~~  
~~(8) A scholarship recipient may be considered in non-compliance with these rules when the eligible provider participating in the Program: ¶~~  
~~(a) Fails to complete their residency or training; ¶~~  
~~(b) Fails to comply with the terms of the contract; ¶~~  
~~(c) Fails to maintain employment at a qualified practice site for the duration of the contract term; ¶~~  
~~(2d) All scholarships under this rule shall be available for future health professionals who will deliver health services in Oregon. ¶~~  
~~(3) Education or Training Programs must use scholarship money~~Fails to complete the minimum service obligation and does not apply for or receive a waiver under OAR 409-036-0100; ¶  
~~(e) Fails to practice through the contract term in a site designated to serve the underserved population, if located in a community with a population HPSA; ¶~~  
~~(f) Fails to serve Medicaid and Medicare patients in no less the same proportion as patients are served in the county for other scholarships and funds may not be used to pay for administrative cost service areas, as determined by the Authority, up to a maximum of 50% of the eligible provider's patients; or ¶~~  
~~(g) Participates in other programs requiring service obligations.~~

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

RULE SUMMARY: Revised this section to separate eligibility requirements for providers and insurance carriers. This section now includes only the eligibility requirements for health care providers, while insurance carrier criteria have been moved to section 409 036 0055.

CHANGES TO RULE:

409-036-0050

~~Eligibility Criteria and Program Requirements specific to Rural Medical Malpractice Practitioners Insurance Premium Subsidy Subsidy Program-Health Care Provider Eligibility Criteria~~

~~(1) The Health Care Provider Incentive Fund may subsidize health care eligible practitioners for the cost of medical professional liability insurance premiums coverage in force; or renewed on or after the effective date of this rule.~~

~~(2) A [date of rule permanency].~~

~~(2) Eligibility Criteria. An eligible practitioner who must:~~

~~(a) Provides health services in rural Oregon as determined by the Authority is eligible;~~

~~(b) Hold an active, unrestricted license for a subsidy under the program, if the practitioner:~~

~~(a) Holds an active, unrestricted license or certification; and is~~

~~(b) Certification, issued by either the Oregon Medical Board or the Oregon State Board of Nursing;~~

~~(c) Pay for and be covered by an in-force medical professional liability insurance policy issued by an authorized participating Carrier with minimum coverage limits coverage of \$1 million per occurrence and \$1 million annual aggregate.~~

~~(3) A nurse practitioner, maximum coverage limits of \$1 million per employed by a licensed physician is eligible for a subsidy if covered by a medical professional liability insurance policy that names and separately occurrence and \$3 million annual aggregate, and which specifically names the individual health care provider and calculates the premium for the nurse practitioner; and~~

~~(d) Practice at least 60 percent of the time in a qualified practice site that meets the requirements of OAR 409-036-0015.~~

~~(43) An eligible practitioner whose medical professional liability insurance coverage is provided through a health care facility, as defined in ORS 442.400, and also meets the requirements of OAR 409-036-0020(6) of this rule is eligible for a premium subsidy if the Authority determines that practitioner:~~

~~(a) Is not an employee of the health care facility;~~

~~(b) is eligible for a premium subsidy if that practitioner:~~

~~(a) Is covered by a medical professional liability insurance policy that names the practitioner and separately calculates the premium for the practitioner; and~~

~~(b) Fully reimburses the health care facility for the premium calculated for the practitioner.~~

~~(54) A practitioner must provide an annual attestation to the Authority to be eligible to participate in the program. The Authority shall establish criteria and procedures for making the eligibility determinations and annual attestation.~~

~~(6) The Authority shall forward to each participating authorized carrier a list of eligible practitioners with respect to that provider that includes the:~~

~~(a) Practitioner's name;~~

~~(b) Practice site mailing address; and~~

~~(c) Specialty and applicable professional license or certification number issued by either the Oregon Medical Board or the Oregon Board of Nursing.~~

~~(7) To participate in the program, a carrier must provide written notice and certification to the Authority not less than 30 days prior to the beginning date of a calendar quarter, signed by an individual authorized to represent the carrier. The notice and certification must be delivered to the Authority at the following address: Oregon Health Authority, 500 Summer St NE, Salem, OR 97301, Attention: Health Care Provider Incentive Program-Medical Malpractice Insurance Subsidy.~~

~~(a) The written notification must certify that the carrier:~~

~~(A) Is a medical professional liability insurer holding a valid certificate of authority from the Director of the Department of Consumer and Business Services (DCBS) that authorizes the transaction of insurance as defined in ORS 731.066(1) and 731.072(1), and does not include DCBS listed insurers pursuant to ORS 735.300 to 735.365 and ORS 735.400 to 735.495;~~

~~(B) Understands the Authority may confirm the representations in paragraph (B) with DCBS, and that DCBS' determination about whether the carrier holds a valid certificate of authority to engage in professional liability insurance in the state of Oregon and the other criteria in paragraph (A) shall be relied upon by the Authority in determining whether an insurer is an authorized carrier; and~~

(C) Agrees to comply with the terms and conditions of the rules applicable to this program in effect at the time of initial certification and those rules in effect when any request for subsidy payment is submitted to the Authority for payment. Application Requirements. Applications for Rural Medical Providers Insurance Subsidy must be completed and submitted pursuant to the instructions posted on the Program Website and Office Website. ¶

(ba) The Authority shall confirm in writing that the carrier meets the criteria as an authorized carrier. If the Authority determines that an entity is not eligible to participate as a carrier, the Authority shall provide notice to the entity of its determination and shall deny participation in the program. Entities may appeal a determination following the process set forth in OAR 409-036-0120. ¶

(c) If an insurer fails to provide the notice and certification to the Authority within the time established, the insurer may not submit a request for premium subsidy payment for the next calendar quarter and practitioners may not receive a premium subsidy for that quarter. ¶

(d) A carrier must notify the Authority in writing of a material change in any status or condition that relates to their eligibility to participate in the program. ¶

(8) A carrier shall notify the Authority at least 90 days prior to the beginning date of the next calendar quarter if the carrier wants to discontinue participation in the program. The carrier shall notify its insured participating practitioners of its intent to discontinue to participate at least 60 days prior to the date of the next calendar quarter. ¶

(9) The Authority may determine that funds available for the program are insufficient to provide maximum premium subsidy for all qualified practitioners, and the Authority may reduce or eliminate subsidies. There is no guarantee of any amount of premium subsidy provided to any carrier. ¶

(10) Each carrier must electronically (using Microsoft Excel or similar spreadsheet application) submit a report to the Authority within 30 days after the end of each billing period (monthly or quarterly), showing the following information for each eligible practitioner who has been determined eligible for a premium subsidy as of the end of the billing quarter. The information must include the following: ¶

(a) Carrier's name; ¶

(b) Practitioner's name; Office will notify eligible providers if submissions are incomplete. Upon resubmittal, applications will be processed as of the date the Office determined such applications to be complete; and ¶

(cb) For each practitioner: ¶

(A) Oregon Board of Medical Examiners license number or Oregon State Board of Nursing certification number; ¶

(B) Practitioner's specialty and specialty class; ¶

(C) Insurance Services Office (ISO) code; ¶

(D) Policy number and effective date; ¶

(E) Billing period coverage start and end dates; ¶

(F) Billing frequency (annually, quarterly, monthly); ¶

(G) Current in-force annual premium for coverage limits of \$1 million per occurrence and up to \$3 million annual aggregate; ¶

(H) Premium subsidy percentage, calculated in accordance with 409-036-0080 (3); ¶

(I) Dollar amount of premium subsidy, calculated in accordance with these rules; ¶

(J) Explanation of any adjustments under this program from previous reports; ¶

(K) Policy coverage limits; ¶

(L) Claims-made step of practitioner, if applicable; and ¶

(M) Identify practitioners who were not on the eligible list at the beginning of the quarter The Office will notify applicants of the status of their completed applications within 90 calendar days of a complete application submission. ¶

(d5) Each January all carriers must provide the Authority with a copy of their base rates and increased limits factors table. The carrier must also inform the Authority of the base rates and increased limits factors table from their current rate filing for Oregon within 30 days of any change to those rates and table. ¶

(e) Failure to make a timely submission may result in delay in processing the payment request. The Authority shall calculate the payment of premium subsidies from the Rural Medical Liability Subsidy Fund based on the funds available for the applicable billing period. In the event of insufficient funds, the risk of carrier delay in submission of a request for subsidy payment is on the carrier, because payments shall be based on the subsidy requests received timely for each applicable billing period. ¶

(11) Each carrier must provide its participating practitioners with the following information each quarter: ¶

(a) The quarterly premium due before the premium subsidy is applied; ¶

(b) The amount of the premium subsidy; ¶

(c) The premium after the premium subsidy is applied; and ¶

(d) The carrier shall display these three figures on each participating practitioner's billing statement. ¶

(12) If there are insufficient funds to provide the maximum premium subsidy to all qualifying practitioners who have applied for such subsidy, the Authority may reduce or eliminate subsidies for practitioners in an equitable

manner, and shall notify affected carriers and participants. A carrier shall reduce the premium charged to a practitioner by the amount of any premium subsidy paid or to be paid under this Program. An eligible provider must submit a letter to the Office, with a copy submitted to the Authority, attesting that the place of employment meets the requirements of a qualified practice site under OAR 409-036-0015.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

ADOPT: 409-036-0055

RULE SUMMARY: Revised this section to separate eligibility requirements for providers and insurance carriers. This new section includes only the requirements for eligible insurance carriers, while provider eligibility criteria have been moved to section 409-036-0050.

CHANGES TO RULE:

409-036-0055

Rural Medical Practitioners Insurance Subsidy Program-Medical Professional Liability Carrier Participation

(1) Carrier Participation. To participate in the medical professional liability insurance premium subsidy program outlined in OAR 409-036-0050, a Carrier must certify that it is authorized to issue professional liability insurance policies or certificates in Oregon. The Carrier must provide written certification to the Authority no more than 30 days prior to the beginning date of a calendar quarter in which the Carrier will participate in the subsidy program.

¶

(a) The certification must be delivered to the Authority: ¶

(A) By mail, to the following address: Oregon Health Authority, 500 Summer St NE, Salem, OR 97301, Attention: Health Care Provider Incentive Program-Medical Malpractice Insurance Subsidy; or ¶

(B) By email, to [providerincentives@odhsoha.oregon.gov](mailto:providerincentives@odhsoha.oregon.gov). ¶

(b) The certification must be signed by an individual authorized to represent the Carrier. ¶

(c) The certification must certify that the Carrier: ¶

(A) Is an insurance company holding a valid certificate of authority from the Director of the Department of Consumer and Business Services (DCBS) that authorizes the transaction of insurance as defined in ORS 731.066(1) and 731.072(1), and does not include DCBS-listed insurers pursuant to ORS 735.300 to 735.365 and ORS 735.400 to 735.495; ¶

(B) Understands the Authority may confirm the representations in paragraph OAR 409-036-0055(1)(c)(A) with DCBS, and that DCBS' determination about whether the Carrier holds a valid certificate of authority to engage in professional liability insurance in the state of Oregon and the other criteria in paragraph (A) must be relied upon by the Authority in determining whether an insurer may participate in the subsidy program; and ¶

(C) Agrees to comply with the terms and conditions of the rules applicable to the subsidy program in effect at the time of initial certification and those rules in effect when any request for subsidy payment is submitted to the Authority for payment. ¶

(d) If a Carrier does not provide the certification to the Authority within the time established in subsection (1), the Carrier may not submit a request for premium subsidy payment for the applicable calendar quarter and eligible practitioners insured by the Carrier may not receive a premium subsidy for that quarter. ¶

(e) A Carrier must notify the Authority in writing of a material change in any status or condition that relates to their eligibility to participate in the subsidy program. ¶

(2) Carrier Discontinuation. A Carrier must notify the Authority at least 90 days prior to the beginning date of the next calendar quarter if the Carrier wants to discontinue participation in the program. The Carrier must notify its insured eligible practitioners of its intent to discontinue to participate at least 60 days prior to the date of the next calendar quarter. ¶

(3) Each Carrier participating in the program must electronically (using Microsoft Excel or similar spreadsheet application) submit: ¶

(a) A report to the Authority within 30 days after the end of each billing period (monthly or quarterly), showing the following information for each insured eligible practitioner who has been determined eligible for a premium subsidy as of the end of the billing quarter. This report must be delivered to the Authority by email to [providerincentives@odhsoha.oregon.gov](mailto:providerincentives@odhsoha.oregon.gov). The report must include the following: ¶

(A) Carrier's name; ¶

(B) Practitioner's name; and ¶

(C) For each practitioner: ¶

(i) Oregon Board of Medical Examiners license number or Oregon State Board of Nursing certification number; ¶

(ii) Practitioner's specialty and specialty class; ¶

(iii) Insurance Services Office (ISO) code; ¶

(iv) Policy number and effective date; ¶

(v) Billing period coverage start and end dates; ¶

(vi) Billing frequency (annually, quarterly, monthly); ¶

(vii) Current in-force annual premium for coverage limits of \$1 million per occurrence and up to \$3 million annual aggregate; ¶

(viii) Premium subsidy percentage, calculated in accordance with OAR 409-036-0080 (3); ¶

- (ix) Dollar amount of premium subsidy, calculated in accordance with OAR 409-036-0080 (3);¶
  - (x) Explanation of any adjustments under this program from previous reports;¶
  - (xi) Policy coverage limits;¶
  - (xii) Claims-made step of practitioner, if applicable; and¶
  - (xiii) Identify practitioners who were not on the eligible list at the beginning of the quarter.¶
  - (b) Annually a copy of their base rates and increased limits factors table. Carrier must also notify the Authority if there is any change to the current base rates and increased limits factors table within 30 days of the change.¶
  - (4) Failure to make timely submissions under subsection (3) may result in delay in processing or declining a payment request. ¶
  - (5) The Authority must calculate the payment of premium subsidies from the Rural Medical Liability Subsidy Fund based on the funds available for the applicable billing period. A Carrier must reduce the premium charged to an eligible practitioner by the amount of any premium subsidy paid or to be paid under the program. ¶
  - (6) If there are insufficient funds to provide the maximum premium subsidy to all eligible practitioners, the Authority may reduce or eliminate subsidies for eligible practitioners in an equitable manner and will notify affected Carriers and eligible practitioners. In the event of insufficient funds, the risk of Carrier delay in submission of a request for subsidy payment is on the Carrier, because payments will be based on the subsidy requests received timely for each applicable billing period.¶
  - (7) Each Carrier participating in the program must provide its insured eligible practitioners with the following information quarterly with each eligible practitioner's billing statement:¶
    - (a) The quarterly premium due before the premium subsidy is applied;¶
    - (b) The amount of the premium subsidy; and¶
    - (c) The premium after the premium subsidy is applied.
- Statutory/Other Authority: ORS 676.454
- Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0060

RULE SUMMARY: This new section outlines the eligibility criteria and process for the Healthy Oregon Workforce Training Opportunity (HOWTO) grant. RAC feedback was incorporated to further clarify these requirements.

CHANGES TO RULE:

409-036-0060

~~Participation and Application Requirements~~ Eligibility Criteria for Community Workforce Assistance Grants

- ~~(1) Loan repayment, loan forgiveness and scholarship recipients must agree to serve at a qualifying practice site.¶¶~~  
~~(2) Loan Repayment recipients may commit to practice full-time or part-time in a qualifying practice site for the duration of the contract. Subject to approval by the Authority. ¶¶~~  
~~(2) Applicants may submit proposals in response to a request for grant proposals (RFGP) or request for grant application (RFGA), as applicable, from the Authority; the initial agreement may be renewed for additional years of service to expand health professional training within Oregon to address current and future shortages in the health care workforce. ¶¶~~  
~~(3) To qualify for consideration for loan repayment an eligible provider must submit an application that:¶¶~~  
~~(a) Documents the individual having, or having applied for, an unrestricted license or certification (if required) to practice in Oregon within their discipline;¶¶~~  
~~(b) Includes a signed and dated statement certifying that the individual is not currently participating in the National Health Services Corps (NHSC), Nurse Corps, State Loan Repayment Program or the NHSC Scholarship Program, or is working under another current service obligation; and the purpose of the Community Workforce Assistance Grants is to support community-based training initiatives and expand health professional training within Oregon to address health care workforce shortages and expand diversity for people in: ¶¶~~  
~~(a) Culturally and linguistically diverse groups;¶¶~~  
~~(b) Groups that have been economically and socially marginalized;¶¶~~  
~~(c) Tribal communities;¶¶~~  
~~(d) Rural communities;¶¶~~  
~~(e) Provides all other information required by the program to determine the suitability of making an award from program funds.¶¶~~  
~~(4) Communities experiencing inequities throughout Oregon.¶¶~~  
~~(4) In order to be eligible for a Community Workforce Assistance Grant applicant for loan repayment subsidies that is currently employed at an eligible practice site or has an employment contract with an eligible practice site shall submit a letter attesting the site has submitted must be launching training initiatives that address documented shortages in the areas outlined in Section (3). The Authority will accept proposals from projects in all or specified disciplines of the health care system, as specified in an application for participation and meets eligibility requirements for the program and provide other information as requested by the Authority, the RFGP or RFGA.¶¶~~  
~~(5) Proposals must be submitted to the Authority in the form and manner identified by the Authority in the RFGP or RFGA.¶¶~~  
~~(5) Providers receiving an insurance subsidy must serve Medicaid and Medicare patients in no less than 50 percent of their patient population. The Authority will only consider timely and complete proposals for possible approval and offering a contract. ¶¶~~  
~~(7) It is within the same proportion of such patients in the county or other service area, as determined by the Authority up to a maximum of 50 percent with at least 25 percent of which is Medicaid. Authority's sole discretion to issue a RFGP or RFGA, review and consider proposals submitted, set the time or extend the time for submission of proposals, and to award grants that, in its best judgment, achieve the purposes of the RFGP or RFGA, ORS 676.454, these rules, and other applicable law.~~

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0070

RULE SUMMARY: Revised this section to clarify the application and review process (formerly in 409-036-0070) and to clearly outline review considerations.

CHANGES TO RULE:

409-036-0070

Application Review Process for Loan Repayment Subsidies and Primary Care Loan Forgiveness Payments

- (1) ~~The Authority and its contracted designee have published application processes online.~~
- (2) ~~The Authority or its contracted designee shall review those applications that is rule relates solely to Loan Repayment all requirements of OAR 409-036-0020.~~
- (a) ~~The Authority shall return incomplete applications, and upon resubmittal, they shall be processed as of the new date of receipt when they are determined complete~~ Subsidies under OAR 409-036-0030 and Primary Care Loan Forgiveness Payments under OAR 409-036-0035.
- (b) ~~The Authority shall notify applicants of the status of their completed applications within 90 days of application submission.~~
- (3) ~~Review Criteria.~~ The Authority may consider the following factors in determining whether to accept an eligible provider for participation in the ~~p~~Program, which include but are not limited to:
- (a) ~~Ability to obtain federally funded incentives. The Authority may prioritize applications from:~~
- (a) Eligible providers who apply to practice at a qualifying practice located in a HPSA site, under OAR 409-036-0015, located in a Health Professional Shortage Area (HPSA), as defined by the federal Health Resources and Services Administration, that has been determined may to not reach the threshold for federal National Health Service Corps (NHSC) or Nurse Corps awards in a given year.
- (b) ~~Other determined need of the area. The Authority may prioritize applications from~~ Eligible providers who apply to practice at a qualifying practice site located in a service area ranking below the median in the most recent Areas of Unmet Health Care Need report published by the Office.
- (c) ~~PCPCH status of the practice site. The Authority may award priority to e~~ and posted to the Program Website and Office Website.
- (c) Eligible providers who will provide services in, or in affiliation with, a Patient-Centered Primary Care Home Program (PCPCH) recognized by the State of Oregon. The Authority may award a higher priority to those providers at a Tier 3 or higher recognized PCPCH site.
- (d) ~~Providers located in Oregon. In the case of a~~
- (d) Physical location of eligible providers delivering telehealth services as all or part of their services, the Authority may give providers physically located in Oregon priority for an award.
- (e) ~~Provider types, disciplines, or ethnic or linguistic diversity particularly needed in a community. The Authority may give providers priority for an awardee who meets specific needs identified by a community, including ethnicity, language spoken, specialty, or provider type.~~
- (f) ~~Community willingness to contribute to the cost of the award. The Authority may give providers priority for an award if a practice site or community agrees to share in the cost of the incentive at the time of application.~~
- (e) Eligible provider types, disciplines, or ethnic or linguistic diversity particularly needed in a community, including ethnicity, language spoken, specialty, or provider type.
- (f) Qualified practice site client demographic represents a priority population.
- (3) Upon approval of an application, the Authority will enter into a contract with the eligible provider. The Authority will disburse funds in accordance with the terms of this contract.
- (g) ~~4) Demonstrated investment in integration of behavioral health or oral health services with primary care. The Authority may provide terms by which a provider may receive priority consider~~ Funds are not considered obligated and must not be transferred until all required contractual documents have been executed by the applicant and the Authority designee.
- (5) ~~An eligible provider participating in the Program may are working at a site that is facilitating the integration of behavioral health and/or oral health services within the community.~~
- (h) ~~Practice site client demographic represents a priority population. The Authority may give priority for an award if provider works at a practice site that serves a priority population~~ request to change their Program award status from practice full-time to practice part-time a maximum of one (1) time per term of the contractual agreement.
- (a) To request such change, an eligible provider must submit a completed Request for Program Award Status Change, available on the Program Website, and submit to providerincentives@odhsoha.oregon.gov within 30 days of this change.
- (b) If approved by the Authority:
- (A) The eligible provider's remaining disbursements under the contractual agreement will be reduced by half; and

¶

(B) The eligible provider will be required to enter into an amendment of the contract to reflect this change in status and updated disbursement terms.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

RULE SUMMARY: To provide overall clarification of award amounts for each incentive.

CHANGES TO RULE:

409-036-0080

Maximum Award Amounts

~~(1) Health Care Provider Incentive Program~~ Loan Repayment subsidy recipients under OAR 409-036-0030 are eligible for a maximum loan repayment award in the following manner:¶

~~(a) Full-Time Service~~ Eligible providers who practice full-time:¶

(A) Those with less than \$29,000 in qualifying loan debt are eligible to receive up to 100% of qualifying loan debt for initial 3-year service obligation, ~~not to exceed the lesser of their total qualifying loan amount or \$20,000.~~¶

(B) Those with \$29,000 or more in qualifying loan debt are eligible to receive:¶

(i) Seventy percent of the balance owed on qualifying loans upon program entry for an initial three years of service;¶

(ii) Eighty percent of the balance owed on remaining qualifying loans for an additional three years of service; or¶

(iii) One hundred percent of the balance owed on remaining qualifying loans for a final three years of service.;¶

~~(iv) C~~ A participant may receive no more than \$50,000 in a single year for full-time service.¶

~~(b) Eligible providers who practice Part-Time Service:~~¶

(A) Those with less than \$15,000 in qualifying loan debt are eligible to receive up to 100% of qualifying loan debt for initial, or subsequent service obligations, ~~not to exceed the lesser of their total qualifying loan amount or \$10,000.~~¶

(B) Those with \$15,000 or more in qualifying loan debt are eligible to receive:¶

(i) Thirty-five percent of the balance owed on qualifying loans upon program entry for an initial three years of service;¶

(ii) Forty percent of the balance owed on remaining qualifying loans for an additional three years of service; or¶

(iii) Fifty percent of the balance owed on remaining qualifying loans for a final three years of service.;¶

~~(iv) C~~ A participant may receive no more than \$25,000 in a single year for part-time service.¶

~~(2) Scholarship and Recipients governed by the Scholars for a Health Oregon Initiative under ORS 348.303 and Primary Care Loan Forgiveness recipients under OAR 409-036-0035~~ are eligible for incentives as follows:¶

(a) Scholarship recipients under the Scholars for a Healthy Oregon Initiative at Oregon Health and Science University shall receive a scholarship covering the entire cost of tuition and fees for the participant's health care education at the university.¶

~~(b) SEligible students participating in educational or ETraining pPrograms other than those identified in 409-036-0080 (3)Section (3) below~~ shall receive a scholarship or loan forgiveness covering an amount equal to at least half of and up to the entire cost of tuition and fees for the participant's training in the program in which they are participating, at the discretion of the sponsoring organization, so long as the maximum scholarship for each eligible student does not exceed the highest resident tuition rate at the publicly-funded health professional ~~ETraining pPrograms~~ in this state.¶

~~(3) Insurance Subsidy Recipients. Practitioners in the program who receive an iRural Medical Practitioners Insurance sSubsidy Recipients under OAR 409-036-0050.~~ 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:¶

(A) Family practice without obstetrical services;¶

(B) General practice without obstetrical services;¶

(C) Internal medicine;¶

(D) Geriatrics;¶

(E) Pulmonary medicine;¶

(F) Pediatrics;¶

(G) General surgery; or¶

(H) Anesthesiology;¶

(d) Fifteen percent of the actual premium charged for physicians and nurse practitioners other than those included in ~~OAR 409-036-0080 (3)(a) to (c)~~ subsection (a) through (c) above.¶

(4) Other subsidies. The Authority may provide ~~grants~~ Health Care Workforce Scholarships under OAR 409-036-0040 and Community Workforce Assistance Grants under OAR 409-036-0060 to an organization to support

~~innovative or~~ evidence-based practices for recruitment and retention of health care providers at its own discretion.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0090

RULE SUMMARY: Revised language to provide clarifying language and greater detail regarding site transfers for providers completing their required service obligation. RAC feedback was incorporated to further clarify these requirements.

CHANGES TO RULE:

409-036-0090

Transfer of Provider Service Obligation to Another Site

~~(1) In the event of a practice failure or other extenuating circumstance, a participating provider with Authority approval~~This rule applies to eligible providers under contract with the Authority for incentives under these rules.

~~(2) In the event of a practice site closure, consolidation of practice sites or entities (merger or acquisition), or other extenuating circumstance, an eligible provider may transfer the service obligation to another qualifying practice site. This is intended to be a rare instance and may not be granted without prior approval that meets the requirements of OAR 409-036-0015 upon prior approval from the Authority. A transfer without prior approval is considered a violation of the service agreement. A participating provider must submit a written transfer request to contract. An eligible provider requesting transfer to another qualified practice site must submit a written transfer request to the Office within 30 days of the occurrence, for submission and approval by the Authority, documenting the:~~

~~(a) Circumstances surrounding the need to transfer;~~

~~(b) Proposed new qualifying practice site; and~~

~~(c) Name of the director or administrator at the proposed new practice site.~~

~~(23) The participating eligible provider must also submit all of the following:~~

~~(a) A letter from the original practice site releasing the eligible provider from any employment contract (if applicable) and providing an explanation for the termination of employment. The Authority may waive this requirement if the original practice site is in non-compliance with federal requirements, federal or state law, or these rules;~~

~~(b) An employment contract with the new qualifying practice site, a letter of intent from the new qualifying practice site to employ the provider, or documentation of the provider having established a sole proprietorship, Limited Liability Corporation, Limited Liability Partnership, or Professional Corporation that meets the definition of;~~

~~(c) A letter of support attesting that the place of employment meets the requirements for a qualifying practice site as described in OAR 409-036-0015;~~

~~(3d) The new practice site, in collaboration with the provider, must:~~

~~(a) Submit a letter of support documenting the site-eligible provider to comply with the monitoring and follow-up requirements the definition in OAR 409-036-0010 (25) and providing set forth in these rules;~~

~~(e) Any other information as requested by the Authority.~~

~~(b) Provide confirmation that~~4) An eligible provider's failure to obtain prior approval from the Authority prior to transferring their service obligation to another site will cooperate with the provider to comply with the monitoring and follow-up requirements set forth in these rules, or failure to notify the authority upon termination of employment at practice site within 30 days of the occurrence, may be deemed in breach of their contract with the Authority.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0100

RULE SUMMARY: Revised language to provide clarifying language regarding temporary suspension for providers completing their required service obligation.

CHANGES TO RULE:

409-036-0100

Suspension or Waiver of Minimum Service Obligation

- (1) The Authority may agree to suspend a participating provider's service obligation for a specified time under circumstances it deems appropriate, including, but not limited to parental leave, medical leave, military service leave, or other factors beyond a provider's control. ~~During the time of suspension, awards shall be suspended.~~
- (2) A participant requesting a temporary suspension of minimum service obligation shall make a written request to the Authority must complete a Request for Temporary Suspension form, located on the Office Website, citing the reasons and provide for such request and providing supporting documentation of the circumstances. The eligible provider must submit the written request to the Office within 30 days of the occurrence, for submission and approval by the Authority.
- (3) The Authority may ~~waive~~temporarily suspend all or part of the provider's minimum service obligation, as outlined in these rules and the provider's contract with the Authority, under the following circumstances:
- (a) ~~Upon receipt of writ~~Removal from the employment site documentation acceptable to the Authority of the death of the participant;
- (b) ~~Upon receipt of written documentation acceptable to the Authority of the total and permanent disability of the participant; or~~ unforeseen circumstances beyond providers' control; parental leave; closure of qualified site; unforeseen life event beyond providers control; or
- (b) Provider agrees to execute a contract amendment reflecting the terms of suspension and updated incentives disbursement.
- (c) ~~Upon receipt of written documentation~~The Authority may waive all or part of other significant changes in life circumstances that are out of the control of the participant and that the Authority determines warrant a waiver of service commitment.
- (4) ~~If all or part of the minimum service obligation is waived, the Authority may not impose any penalty for failure to meet the obligation~~ minimum service obligation under the following circumstances:
- (a) Death of the participant, upon receipt of copy of a valid death certificate or other written documentation acceptable to the Authority;
- (b) Medically verified, total and permanent disability of the participant; or
- (c) Other significant changes in life circumstances of the participant.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0110

RULE SUMMARY: Inclusion of clarification language to monitoring requirements and follow-up communication and documentation required to Authority.

CHANGES TO RULE:

409-036-0110

Monitoring and Follow-up Requirements

(1) To maintain participation in the ~~p~~Program, an eligible provider must:

(a) Notify the Authority immediately upon beginning work at a qualifying practice site.

(b) ~~Promptly s~~Submit semi-annual reports signed by the eligible provider and the administrator of the qualifying practice site verifying the eligible provider's employment, or licensed business (in the case of a sole provider), and providing any additional information as requested by the Authority, including but not limited to eligible provider). This semi-annual report must include all of the following:

(A) Site's and eligible provider's caseload (panel size or equivalent);

(B) Site's and eligible provider's Medicaid caseload and Medicare caseload;

(C) eligible provider full-time equivalent (FTE) status; ~~and~~

(D) Number and percentages of qualified practice site's patients whose health care is covered by Medicaid and by Medicare, and the number of patients at the qualified practice site who are uninsured; and

~~(2E) The first report is due~~Any additional information requested by the Authority.

~~(c) An eligible provider must submit the first semi-annual report six months after employment begins, and every six months thereafter, until the term of the contract is complete.-~~

~~(32) An eligible provider participating in the p~~Program must notify the Authority immediately of any change in employthat wishes to transfer the service obligation to another qualified practice site that meets the requirements of OAR 409-036-0015 must follow the requirements or practice status of OAR 409-036-0090 and the terms of the contract with the Authority.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0120

RULE SUMMARY: Inclusion of more specific language when to standardize non-compliance parameters and clarify OHA's authority to penalize non-compliance.

CHANGES TO RULE:

409-036-0120

Failure to Comply; Penalties & Appeals

~~(1) A loan repayment recipient who fails, under OAR 409-036-0030 shall be considered in non-compliance with OARs 409-036-0000 to 409-036-0150 when the eligible provider participating in the program: ¶~~

~~(a) Fails to comply with the terms of the contract; ¶~~

~~(b) Fails to maintain employment at a qualifying practice site for the duration of the contract term; ¶~~

~~(c) Fails to complete the minimum service obligation in a qualifying practice site and does not receive a waiver shall be considered and does not apply for, or receive, a suspension or waiver of minimum service obligations under OAR 409-036-0100; ¶~~

~~(d) Fails to practice through the contract term in a site designated to serve the underserved population, if located in a community with a population HPSA; ¶~~

~~(e) Fails to serve Medicaid and Medicare patients in no less the same proportion as patients are served to have in the county or other service areas breached the terms of the program, as determined by the Authority, up to a maximum of 50% of the eligible provider's patients; and ¶~~

~~(f) Participates in other programs requiring service obligations. ¶~~

~~(2) The Authority shall may impose a penalty on any such eligible provider receiving loan repayment subsidies in an amount up to the sum of: ¶~~

~~(a) The total paid from the Health Care Provider Incentive Fund to the participant or on behalf of the participant for any periods of obligated service not served; ¶~~

~~(b) \$7,500 for each month of the minimum service period not completed according to the terms of the obligation contract, up to 10% of total award amount; and ¶~~

~~(c) Interest on the above amounts at the maximum prevailing rate, as determined by the Oregon Department of Revenue, calculated from the date of breach until full repayment has been made. ¶~~

~~(d) The participant may appeal decisions made by the Authority under the provisions of ORS Chapter 183. ¶~~

~~(2) A loan forgiveness or scholarship recipient who fails to complete the minimum service obligation in a qualifying practice site and does not receive a waiver is considered to have breached the terms of the program. The Authority shall impose a penalty on any such provider in an amount up to the sum of: ¶~~

~~(a) The total paid from the from the Health Care Provider Incentive Fund to the participant or on behalf of the participant plus 10 percent interest for failure participating in the Program: ¶~~

~~(a) Fails to complete their recipient's academic program; ¶~~

~~(b) The total paid from the from the Health Care Provider Incentive Fund to the participant or on behalf of the participant plus 10 percent interest plus a 25 percent penalty on the total award paid to date for failure to complete a service agreement. The Collections Unit in the Oregon Department of Revenue shall collect amounts due under ORS 293.250. ¶~~

~~(c) The participant may appeal decisions made by the Authority under the provisions of ORS Chapter 183. ¶~~

~~(3) A carrier found to be in breach of their agreement under this program is subject to penalties. Administrative review, for purposes of these rules, shall be the process for any appeals made to the Authority. A carrier or practitioner may request administrative review. The Authority must receive the request in writing no later than 30 calendar days after the date of the Authority's notice. If the request for administrative review is timely, the practitionersidency or training: ¶~~

~~(b) Fails to comply with the terms of the contract; ¶~~

~~(c) Fails to maintain employment at a qualifying practice site for the duration of the contract term; ¶~~

~~(d) Fails to complete the minimum service obligation and does not apply for or receive a waiver under OAR 409-036-0100; ¶~~

~~(e) Fails to practice through the contract term in a site designated to serve the underserved population, if located in a community with a population HPSA; ¶~~

~~(f) Fails to serve Medicaid and Medicare patients in no less the same proportion as patients are served in the county or other service areas, as determined by the Authority, up to a maximum of 50% of the carrier must provide the Authority with a copy of all relevant records and other materials relevant to the appeal, no later than 10 days before the review is scheduled. eligible provider's patients; and ¶~~

~~(g) Participates in other programs requiring service obligations. ¶~~

(a4) If the Authority decides that a preliminary meeting between the practitioner or carrier and Authority staff may assist the review, the Authority shall notify the individual requesting the review of the date, time, and place the meeting is scheduled.

(b) The Authority shall conduct the administrative review meeting may impose a penalty on any eligible provider participating in the Program and receiving a loan forgiveness or scholarship incentive as follows:

(A) No minutes or transcript of the review shall be made;

(B) The carrier If the eligible provider fails to complete their residency or practitioner requesting review does not have to be represented by counsel during an administrative review meeting and shall be given the opportunity to present relevant information;

(C) Authority staff may not be available for cross-examination, but may attend and participate in the review meeting;

(D) Failure to appear without good cause constitutes acceptance of the Authority's determination; ining, the eligible provider must pay the Authority an amount equal to 100% of the funds received from the Authority plus interest on the unpaid balance as accrued from the disbursement date of the funds according to the terms of the contract.

(E) The Authority may combine similar administrative review proceedings and meetings involving the same parties or similar facts, if the Authority determines that joint proceedings may facilitate the review;

(F) The Authority may request the appealing practitioner or carrier to submit, in writing, new information that has been presented orally. The Authority shall establish the deadline for submission of the information. If the eligible provider fails to comply with the Sections (3)(b) to (g) of this rule, the eligible provider must pay the Authority an amount equal to 100% of the funds received from the Authority plus interest on the unpaid balance as accrued from the disbursement date of the funds according to the terms of the contract.

(e5) The Authority shall send the results of the administrative review to the participant involved in the review, within 30 calendar days of the conclusion of the administrative review meeting, or such time as may be agreed to by the participant or designated by the Authority must collect any penalties imposed under this section and deposit the funds in the Authority's account established under ORS 676.450.

(d6) If the Authority's final decision on administrative review is the final decision on appeal and binding on the parties. Under ORS 183.484, this decision is an order in other than a contested case. ORS 183.484 and the procedures in OAR 137-004-0080 to 137-004-0092 apply to the Authority's final decision on administrative review.

(e) Academic institutions providing admission-based scholarships may set penalties for default against the terms of their program determines that an eligible provider participating in the Program is subject to a penalty under this section, the Authority must issue a notice of proposed action as pursuant to ORS Chapter 183.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0130

RULE SUMMARY: Inclusion of very minor grammar revisions for clarity.

CHANGES TO RULE:

409-036-0130

Contributions to the Health Care Provider Incentive Fund

(1) The Authority shall publish on its website terms and conditions for receipt of funds from ~~qualifying~~ingied practice sites or other sources to contribute toward the cost of the subsidies for participants.¶

(2) The Authority shall deposit all contributions to the Health Care Provider Incentive Fund established in ORS 676.450.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0140

RULE SUMMARY: Revised the language to clarify program requirements and support program integrity.

CHANGES TO RULE:

409-036-0140

Program Integrity

(1) The Authority shall analyze and monitor the operation of the ~~p~~Program and audit and verify the accuracy and appropriateness of all payments made under the terms of this ~~p~~Program. ~~To promote the integrity of the program, the Authority may require participants and any oth~~¶

~~(2) Eligible providers participating in the Program, under contract with the Authority and receiving payments from the Authority are subject to audit or other post-payment review procedures for all applicable payments. ¶~~

~~(3) Eligible providers parties to cipating in the Program must develop and maintain adequate financial and other documentation as determined by the Board to be necessary. Authority and in compliance with the eligible provider's contract with the Authority. This includes records: ¶~~

~~(a) Of all activities associated with the funds received under the contract; ¶~~

~~(b) Of all prerequisites to disbursement of funds under the contract; ¶~~

~~(c) Reflecting that the eligible provider participating in the Program maintains employment at a qualified practice site; ¶~~

~~(d) Reflecting that the eligible provider participating in the Program serves Medicaid and Medicare patients in no less than the same proportion as such patients are served in the county or other services areas, as determined by the Authority, up to a maximum of fifty (50%) of the eligible providers patients; and ¶~~

~~(e) Reflecting that the eligible provider practices throughout the contract period in a site designated to serve the underserved population specified by HPSA type, if applicable. ¶~~

~~(4) The Authority may communicate with and coordinate any program integrity actions with the federal and state oversight authorities. ¶~~

~~(25) Any overpayment made to an individual or eCarrier is subject to recovery. The Authority shall must take appropriate action and may redress payment errors or false claims for payment under the ~~p~~Program.~~

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454

AMEND: 409-036-0150

RULE SUMMARY: Inclusion of very minor grammar revisions within this section of rule.

CHANGES TO RULE:

409-036-0150

Data Sharing

(1) The Authority may not share data about ~~program participants~~ eligible providers or students participating in the Program, other than for purposes of planning, program evaluation or analysis.¶

(2) Data may only be shared with:¶

(a) Agencies, offices, or contractors of the Authority;¶

(b) The Oregon Employment Department; and¶

(c) ~~NA~~ non-governmental entity not noted above only with written approval from the Director of the Authority.

Statutory/Other Authority: ORS 676.454

Statutes/Other Implemented: ORS 676.454