



COLORADO
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Health & Environment

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

December 1, 2021

C.R.S. § 25-1.5-505

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This report was prepared on behalf of the Colorado Health Service Corps Advisory Council by:

Stephen Holloway, Director, Primary Care Office
Tamara Davis, Colorado Health Systems Directory Program Manager

SECTION 1: PROGRAM OVERVIEW

Introduction

This report is responsive to the legislative requirement in C.R.S. § 25-1.5-505. The Primary Care Office (PCO) reduces barriers to primary health care access. The office assesses the primary health care professional workforce needs of communities and directs health professional incentives, such as loan repayment, to areas of the state determined to have a health professional shortage. The U.S. Department of Health and Human Services, state appropriations, and private foundation grants fund the PCO's core activities. The Colorado Health Service Corps (CHSC) is administered by the PCO and is a public-private partnership that improves access to care for medically underserved Coloradans by incentivizing clinical practice to underserved people in communities with a health professional shortage.

Importance of health care professional incentives

Evidence of shortage: There is strong evidence, derived from program work of the PCO and other Colorado stakeholders, supporting the conclusion that clinics who serve Coloradans who are publicly insured, uninsured, with low-incomes and live in rural Colorado experience significant barriers to health professional recruitment and retention.^{1,2,3} This problem affects communities where more than one million Coloradans reside. Furthermore, 56 of 64 (88%) Colorado counties have a designation from the U.S. Secretary of Health and Human Services for primary care health professional shortages; 50 (78%) have dental health professional shortages; and 63 (98%) have mental health professional shortages.

Debt as an influencer of practice choice: According to the American Association of Medical Colleges, the median level of debt for physicians completing medical school in 2020 was \$200,000 (Table 1). A high educational loan debt load influences the decision of newly licensed health professionals to opt for higher paying subspecialties, rather than primary care. This also influences them to opt for practices that do not significantly contribute to care for medically underserved people. Student loan debt repayment, in exchange for clinical service, significantly reduces one significant barrier to health professionals who might otherwise consider rural or low-income primary care practice settings.

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

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

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

Table 1: Median Educational Debt, Select Primary Care Professions

Profession	Median Educational Debt	Source
Physician	\$200,000	American Association of Medical Colleges (2020)
Dentist	\$304,824	American Dental Education Association (2020)
Physician Assistant	\$112,500	National Commission on Certification of Physician Assistants (2020)
Nurse Practitioner	\$40,000-\$54,999	American Association of Colleges of Nursing (2017)

Influence on practice choice: A 2010 study of 122 health care clinicians who had participated in one of three loan repayment programs in Colorado between 1992 and 2007 revealed that loan repayment had an important influence on the clinician’s choice of practice community.³ A 2015 study conducted by the Colorado Commission on Family Medicine concluded that loan repayment is a significant contributing factor to the practice choices of new graduates.⁴

Economic impact: A 2016 economic impact study conducted by the National Center for Rural Health concluded that one primary care physician generates up to \$1.4 million in income (wages, salaries, and benefits) and creates an estimated 26.3 local jobs annually.⁵ The report also describes the potential economic impact of rural residency programs in rural regions. In a 2007 analysis, each rural residency created 15 full- and part-time positions, with an estimated payroll of \$803,500. Therefore, clinicians and residents recruited or retained by a loan forgiveness program, such as CHSC, create significant economic activity in communities with a shortage of health-care resources. These programs generate positive financial benefits for the communities beyond improved access to primary health services.

Retention: In 2017, the PCO conducted a case study of CHSC clinicians who exited the program between 2009 and 2017. The study provides strong evidence that the CHSC results in long-term clinician retention of clinicians in communities where they are needed most. PCO evaluators determined that 233 clinicians exiting the CHSC between 2009 and 2017 met criteria to be included in the analysis.

PCO staff received survey responses or confirmed the practice location by phone or internet search of 134 clinicians exiting the CHSC between 2009 and 2017. Nearly 50% of CHSC alumni remain in the same practice location at which they started the CHSC. Of the CHSC alumni, 5% practice for the same employer, but at a different location and 9% no longer practice at the same site or for the same employer, but still practice in the same county in which they started the CHSC. Collectively two-thirds of CHSC participating clinicians have been retained in their community beyond the end of their service obligation and the CHSC contract.

³ Renner, D., Westfall, J. Wilroy, L. & Ginde, A. (2010). The Influence of Loan Repayment on Rural Healthcare Provider Recruitment and Retention in Colorado. *Rural Remote Health*. 10(4).

⁴ Colorado Commission on Family Medicine. (2015). *Family Medicine Residency Education in Colorado: Recommendations to Increase Training and Retention of Family Physicians in Rural and Underserved Areas*.

⁵ National Center for Rural Health Works. (2016). *Estimate of the Economic Impact of a Rural Primary Care Physician*.

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

Description of Health Care Professionals Participating in the CHSC and Scholarship Program (1)(a)

There are currently 448 health professionals (primary care, dental health, behavioral health, substance use disorder) participating in the CHSC as of June 30, 2021 (Table 2). As of June 30, 2021, the scholarship program has a field strength* of 34 candidates for addiction counselor scholarships.

Table 2: Program Field Strength*

Profession	6/30/2021 Program Field Strength
Advanced Practice Nurse	73
Candidate - CSW	2
Candidate - LPC	2
Certified Addiction Counselor	27
Clinical and Counseling Psychologists	13
Clinical Pharmacist	11
Dentist	29
Licensed Addiction Counselor	15
Licensed Clinical Social Worker (CSW)	46
Licensed Professional Counselor (LPC)	67
Marriage and Family Therapist	7
Physician	104
Physician Assistant	43
Registered Dental Hygienist	9
Total	448

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

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

The purpose of the CHSC loan repayment program is to improve access to primary health care for underserved people. The CHSC program uses clinician educational loan debt repayment as a means of promoting more access to care in areas of the state assessed with a primary care workforce shortage. Through such methods, the CHSC increases the capacity of safety net clinics to respond to the primary health care access needs of Coloradoans who are uninsured, publicly insured, and geographically isolated.

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

Area. Educational loan debt forgiveness increases the successful recruitment of clinicians to underserved communities and increases the rate of clinician retention once a clinical placement is made.

The PCO continues to develop the financial resources available for the CHSC (Table 3). For the 2020-21 state fiscal year the CHSC’s administrative and loan repayment giving capacity is supported by \$1 million in federal funds from the Health Resources and Services Administration (HRSA; see federal matching grants), \$2.8 million in private philanthropic grants, a \$2,118,661 General Fund appropriation, \$2,044,153 in Marijuana Tax Revenue support, and \$762,428 million in Tier II Tobacco Master Settlement (MSA) funds.

Table 3: CHSC Program Funding Growth from State FY 2009-10 through FY 2020-21

Funding Source	Amount FY 2009-10	Amount FY 2020-21
Annual state appropriations	\$202,000	\$4,925,242\$4
Annual federal matching	\$120,000	\$1,000,000
Annual private grants	\$0	\$2,800,000

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

- Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, geriatrics, general psychiatry, child psychiatry, general pediatrics, general obstetrics/gynecology, board certification or training in addiction medicine or pain medicine.
- Doctors of dental surgery and doctors of dental medicine
- Certified nurse-midwives
- Clinical and counseling psychologists
- Candidates for licensure - licensed psychologist counselor*
- Licensed clinical social workers
- Candidates for licensure - clinical social workers*
- Licensed professional counselors
- Candidates for licensure - licensed professional counselor*
- Licensed Addiction Counselors
- Candidates for licensure - licensed addiction counselor*
- Certified Addiction Specialists
- Certified Addiction Technicians
- Registered dental hygienists
- Marriage and family therapists
- Candidates for licensure - marriage and family therapist*
- Nurse practitioners practicing in primary care
- Physician assistants practicing in primary care
- Psychiatric nurse specialists
- Clinical pharmacists

- Family Medicine residents
- Family Medicine residency faculty
- Nurse residency faculty

* Candidates for licensure must practice in substance use disorder.

Under a full-time CHSC service obligation, physicians and dentists may receive up to \$90,000 for a three year service obligation. Physician assistants, advanced practice nurses, clinical pharmacists, licensed mental health clinicians and candidates may receive up to \$50,000 and dental hygienists and certified addiction counselors may receive up to \$20,000. Under a part-time obligation, physicians and dentists may receive up to \$45,000. Physician assistants, advanced practice nurses, clinical pharmacists, licensed mental health clinicians and candidates may receive up to \$25,000 and dental hygienists and certified addiction counselors may receive up to \$10,000. CHSC clinicians who have completed their initial three-year service obligation in good standing and have maintained practice for the same employer are eligible for an automatic CHSC one-year renewal award. A CHSC clinician may not exceed five renewal terms. Renewals are awarded at 75% of a one year award, for example a physician who was awarded a three-year award of \$90,000 would receive \$22,500 per renewal year.

In 2016, the PCO added two new loan repayment programs to the CHSC. The PCO administers these programs as a partnership with the Colorado Association of Family Medicine Residencies. First, the CHSC Faculty Loan Repayment Program (FLRP) offers a \$45,000 loan repayment award to faculty of Colorado’s family medicine residency programs. The FLRP program requires a two-year service obligation. Residency programs may use this loan repayment incentive to recruit new faculty or retain faculty.

Second, the CHSC Physician Resident Loan Repayment Program offers a \$90,000 loan repayment award to a physician resident contracted for employment at a certified CHSC site. This program is a direct CHSC pipeline for physicians completing a Colorado family medicine residency program. This program requires the standard three-year CHSC service obligation and is open to physician residents affiliated with any of the ten family medicine residency training programs across Colorado.

In 2017, the PCO added the Nurse Faculty Loan Repayment Program (NFLRP). This program offers a \$40,000 loan repayment award to a nurse faculty in a Colorado nursing program. The NFLRP program requires a two-year service obligation. Nursing training programs may use this loan repayment incentive to recruit or retain new nursing faculty.

In 2019, the PCO added three new programs to the CHSC. The first program added is an addiction counselor scholarship program to the CHSC. The PCO administers the scholarship program offering up to \$5,000 for the cost of tuition and fees at an approved training institution. In exchange for the scholarship, applicants complete a training program and required supervision hours for their chosen addiction counselor level and agree to work six months at a CHSC-approved site. The second program added is a substance use disorder loan repayment program offering the same funding levels as the CHSC for a three-year service obligation at an approved site. Sites that are for-profit but meet all other eligibility criteria for sites including accepting public insurance, offering a sliding fee scale and having a declared nondiscrimination policy are eligible for the program. Clinicians commit to providing at least 20% of SUD services to patients for the duration of their contract at a CHSC-approved SUD-approved site. The third program is a program for candidates for licensed professional

counselor, candidates for clinical social worker, candidates for licensed psychologist counselor, candidates for licensed addiction counselor, and candidates for marriage and family therapist who are eligible for the CHSC if they work at an CHSC-approved SUD-approved site, commit to a three-year service obligation after becoming fully licensed, and maintain the direct patient care hours.

There are 490 eligible CHSC clinical sites across Colorado, as of June 30, 2021. Eligible sites are located in a health professional shortage area, are incorporated as a public or nonprofit entity, provide comprehensive, outpatient primary care services at least 40 hours per week, accept Medicaid, Medicare, CHP+, offer a sliding fee scale for uninsured and low-income patients and have a declared nondiscrimination policy. For-profit and nonprofit opioid treatment programs, office-based opioid treatment programs, and non-opioid substance use disorders sites are also eligible to participate in the CHSC if they meet all other aforementioned site requirements. Clinical sites common to the CHSC are:

- Federally Qualified Health Centers (FQHC)
- FQHC Look-alikes
- Certified Rural Health Clinics
- Community mental health clinics
- State psychiatric hospitals
- Colorado Department of Corrections clinic sites
- School-based health centers
- Community supported, nonprofit, primary care clinics
- For-profit and nonprofit opioid treatment programs
- Office-based opioid treatment programs
- Non-opioid substance use disorders

Program award criteria: The CHSC Advisory Council ensures that community and employer priorities are reflected in awards decisions after minimum eligibility criteria of the applicant is established through the application process. The CHSC application is evaluated on a 100-point scale. The point scale stratifies eligible applicants according to characteristics that support employment retention. Applicants are assigned points based on the following features:

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

Existing efforts & future projects to overcome barriers (1)(c)

For the September 2012 CHSC application cycle the PCO processed 54 loan repayment applications and granted 22 awards. In contrast, the March 2021 application cycle received 196 loan repayment applications and made 68 new awards. In September 2012, the PCO awarded \$1,246,100 and in the March 2021 application round, the PCO awarded \$3,185,250 to the CHSC clinicians.

In 2021, the PCO policy team revised and updated the program scoring, using evidence from the 10-year retention analysis that was conducted by the PCO. These scoring changes are currently being reviewed and will be implemented in future application rounds.

Analysis of the effects of the CHSC and scholarship program (1)(d)

Participation in the CHSC requires participants to report twice annually on practice hours and other characteristics of patient care. To date, CHSC participating clinicians have provided 3,563,597 clinical encounters (Table 4). Nearly 83% of these clinical encounters were provided to individuals who were uninsured or insured by Medicaid, Medicare, or the Child Health Plan. The total contracted service of all active 448 currently obligated CHSC clinicians constitutes nearly 1,381 years of service to underserved Colorado communities (Table 2). In FY 2020-21, the PCO awarded nearly \$8,000,000 in loan repayment. Table 5 indicates the safety-net clinic representation of all active clinicians in the CHSC, as of June 30, 2021. Nearly 30% of our clinicians work in rural or frontier areas across Colorado, as indicated by Table 6.

Table 4: Total CHSC Clinician Visits 2011 to Present

Source	Total Patient Visits	Percentage of Total Visits
Health First Colorado (Medicaid)	1,783,484	50.0%
Medicare	457,310	12.8%
CHP+	92,425	2.6%
Sliding Fee Scale	638,843	17.9%

Table 5: CHSC Safety Net Clinic Representation 2021

Clinic Type	Total	Percent
Federal Qualified Health Center/Community Health Center	187	41.7%
Community Mental Health Center	123	27.5%
Rural Outpatient (Rural Health Clinic or Critical Access Hospital)	36	8.0%
Department of Corrections	26	5.8%
Colorado Mental Health Institutes	18	4.0%
Indian Health Service	1	.2%
Community Funded Safety Net Clinics	17	3.8%
Substance Use Disorder Treatment Program	40	8.9%

Table 6: Rural-Urban Split 2021

Rural	24%
Frontier	5%
Urban	71%

Assessments and evaluations of program performance (1)(e)

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

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

Federal matching grants: The federal matching grant for the CHSC loan repayment program in 2020 and 2021 was \$1 million for each year. This is the current maximum award available to states for clinician loan repayment programs. Colorado remains a model program among state loan repayment programs in the nation due to its successes in attracting private dollars, maximizing federal awards, and allocating program resources efficiently.

Income tax exemption for awards: CHSC awards are exempted from federal and state income taxes. In other monetary clinician incentives, the award is treated as ordinary income and taxed on that basis. The diminution of the award resulting from income taxation ranges from 25% to 35%, depending on individual clinician tax circumstances. This effect causes a portion of state tax dollars and philanthropic dollars outside of the CHSC to flow to the federal

government as tax revenue rather than to the exclusive purpose of providing a primary care clinician incentive.

The following two scenarios quantify the effect of these three program advantages.

Appropriation or private grant *outside* of the CHSC

\$ 1.00	state appropriation and/or private grant
\$-0.10	approximate operating expenses
\$-0.30	approximate federal and state income tax liability
<hr/>	
\$ 0.60	net incentive benefit to clinician

Appropriation or private grant *inside* of the CHSC

\$ 1.00	state appropriation and/or private grant
\$-0.10	approximate operating expenses
\$ 0.90	federal matching funds potential
\$ 0.00	federal and state income tax liability
<hr/>	
\$ 1.80	net incentive benefit to clinician

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

Over the past nine years, the number of applications to the program has grown as has the number of awards the CHSC Advisory Council is able to award. The PCO expects this trend to continue as additional funding is received by the program.

In 2021 PCO staff conducted a ten-year retention analysis of applicants within the CHSC, whether awarded or unawarded. This project included 1,873 applicants to the CHSC, since 2009. Of this figure 52% were awarded and 48% were unawarded. The study found that awarded applicants stay at their organizations for an additional 21 months when compared to unawarded applicants (73.3 months versus 52.5 months). In addition, applicants who graduated from a Colorado educational institution stayed at their organization for six additional months when compared to non-Colorado graduates.

The program also found statistically significant increases in the number of months an applicant stayed at their organization based on some components of their score (namely Curriculum Vitae (CV)/ Resume score and letters of support scores). The program found in initial analysis that clinicians selected for the CHSC stayed at their sites an additional 23 months compared to unawarded applicants. In addition, higher CV/resume scores increased retention by 12 to 19 additional months, depending on score value. Higher letters of support scores increased retention by 5 to 21 months, depending on score value. These analyses will be repeated on a regular basis to continue to measure retention. A limitation of this study is that many applicants had not been out of the program for as many years to effectively measure long-term retention but we expect the findings to increase the number of months awarded applicants stay at their organizations.

Table 7: Colorado Health Service Corps Program Demand Growth 2012-2021

Application Cycle	Applications	Awards
September 2012	54	22
March 2013	80	24
September 2013	105	24
March 2014	Insufficient Funds to Make Awards	
September 2014	149	22
March 2015	146	52
September 2015	140	36
March 2016	233	56
September 2016	164	32
March 2017	170	72
September 2017	133	34
March 2018	174	47
September 2018	186	45
January 2019 (SUD ONLY)	60	44
March 2019	132	50
September 2019	195	62
March 2020	138	67
September 2020	139	51
March 2021	196	68

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

In 2016, the PCO launched the CHSC Faculty Loan Repayment Program (FLRP) for family medicine residency faculty. FLRP offers a \$45,000 loan repayment award to faculty of Colorado’s family medicine residency programs. The FLRP program requires a two-year service obligation. Residency programs may use this loan repayment incentive to recruit new faculty or retain faculty. In 2017, the PCO launched the CHSC Nurse Faculty Loan Repayment Program (NFLRP). This program has awarded 32 nurse faculty since its inception during the March 2018 application cycle. The PCO expects to continue nurse faculty and in the current round had applicants who were previously awarded apply for additional loan repayment at the same educational institution.

SECTION 3: ATTACHMENTS

A: Colorado’s Loan Forgiveness Programs

Program	Award Characteristics	Eligibility	Eligible Sites	Administration and Funding
CHSC Loan Repayment Program	<p>Three-Year Service Obligation:</p> <p>≤\$90,000 full-time, ≤\$45,000 part-time for physicians and dentists</p> <p>≤\$50,000 full-time, ≤\$25,000 part-time for physician assistants, advanced practice nurses, clinical pharmacists and licensed mental health providers and candidates</p> <p>≤\$20,000 full-time, ≤\$10,000 part-time for dental hygienists and certified addiction counselors</p> <p>All renewals are for a term of one year, not to exceed five renewal periods. Part-time renewals are eligible for half the amount listed below:</p> <p>≤\$22,500 full-time for physicians and dentists</p> <p>≤\$12,500 physician assistants, advanced practice nurses, clinical pharmacists and licensed mental health providers and candidates</p> <p>≤\$5,000 for dental hygienists</p>	<p>This program is open to the following providers who are practicing full-time or part-time in a public or nonprofit, outpatient, primary care, safety net clinic located in a health professional shortage area:</p> <ul style="list-style-type: none"> • Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, geriatrics, general psychiatry, child psychiatry, general pediatrics, general obstetrics/gynecology, board certification or training in addiction medicine or pain medicine. • Doctors of dental surgery and doctors of dental medicine • Certified nurse-midwives • Clinical and counseling psychologists • Candidates for licensure - licensed psychologist counselor* • Licensed clinical social workers 	<p>Federally Qualified Health Centers/Community Health Centers</p> <p>Federally Qualified Health Center Look-Alike Clinics</p> <p>Certified Rural Health Clinics</p> <p>Community Mental Health Centers</p> <p>State Prisons, Department of Corrections</p> <p>Colorado Mental Health Institutes at Fort Logan and Pueblo</p> <p>Community Funded Safety Net Clinics</p> <p>Indian Health Service (IHS)</p> <p>School-Based Health Centers</p> <p>For-profit and nonprofit opioid treatment programs</p> <p>Office-based opioid treatment programs</p>	<p>The PCO at the Colorado Department of Public Health and Environment (CDPHE) administers the program.</p> <p>Award decisions are determined by the CHSC Advisory Council.</p> <p>CHSC applications are accepted twice annually (March and September).</p> <p>The program is funded by:</p> <ol style="list-style-type: none"> 1. General Fund appropriation 2. Tier II Tobacco Master Settlement funds 3. The Colorado Health Foundation grant 4. HRSA State Loan Repayment Program grant 5. Marijuana Tax Revenue 6. The Denver Foundation grant

	(all awards are nontaxable income)	<ul style="list-style-type: none"> • Candidates for licensure - clinical social workers* • Licensed professional counselors • Candidates for licensure - licensed professional counselor* • Licensed Addiction Counselors • Candidates for licensure - licensed addiction counselor* • Certified Addiction Specialists • Certified Addiction Technicians • Registered dental hygienists • Marriage and family therapists • Candidates for licensure - marriage and family therapist* • Nurse practitioners practicing in primary care • Physician assistants practicing in primary care • Psychiatric nurse specialists • Clinical pharmacists <p>*Candidates for licensure must practice in substance use disorder.</p> <p>*Oral health professionals who do not meet the CHSC criteria are directed to apply for the Expanded Dental Option of the CHSC.</p>	Non-opioid substance use disorders sites	
Dental Loan Repayment Program	Two-Year Service Obligation: Dentist (DDS or DMD)	Dentists and Registered Dental Hygienists who provide oral health services to any	Public or non-profit dental clinics that do not qualify for the CHSC	The PCO at CDPHE administers the program.

	<p>\$50,000 if the Dentist sees 80 or more underserved patients per month average</p> <p>\$37,500 if the Dentist sees 60-79 underserved patients per month average</p> <p>\$25,000 if the Dentists sees 20-59 underserved patients per month average</p> <p>Registered Dental Hygienist (RDH)</p> <p>\$12,000 if the Dental Hygienist sees 80 or more underserved patients per month average</p> <p>\$8,000 if the Dental Hygienist sees 60-79 underserved patients per month average</p> <p>\$25,000 if the Dental Hygienist sees 20-59 underserved patients per month average</p>	<p>combination of Health First Colorado (Medicaid), CHP+ or uninsured patients may apply to the program.</p>	<p>Private, for-profit dental practices open to new Colorado Health First (Medicaid), CHP+ and uninsured patients</p>	<p>Award decisions are determined by the PCO and based on a scoring rubric authorized by the State Board of Health.</p> <p>Applications are accepted twice annually (March and September).</p> <p>The program is funded by:</p> <ol style="list-style-type: none"> 1. Tier II Tobacco Master Settlement funds
<p>CHSC Faculty Loan Repayment Program</p>	<p>Two-Year Service Obligation</p> <p>\$45,000 for physicians (MD or DO)</p>	<p>Full-time physician faculty at a Colorado Family Medicine Residency Program</p>	<p>Colorado's Family Medicine Residency Programs</p>	<p>The PCO at CDPHE administers the program in collaboration with the Colorado Association of Family Medicine Residencies.</p> <p>Loan repayment awards are endorsed by the CHSC Advisory Council.</p>

				<p>The application process runs annually July-October.</p> <p>The program is funded by: 1. \$270,000 General Fund appropriation</p>
CHSC Nurse Faculty Loan Repayment Program	<p>Two-year Service Obligation</p> <p>\$40,000 for full-time nursing faculty</p> <p>\$20,000 for part-time nursing faculty</p>	Full-time nurse faculty at an approved nursing faculty educational institution.	<p>Nursing program approved by the Colorado Board of Nursing and accredited by either the Commission of Collegiate Nursing Education (CCNE) OR the Accreditation Commission for Education and Nursing (ACEN).</p> <p>Private-for-profit or based outside of Colorado are not eligible.</p>	1. \$500,000 General Fund appropriation
CHSC Physician Resident Loan Repayment Program	<p>Three-Year CHSC Service Obligation:</p> <p>\$90,000 for a physician (MD or DO)</p>	Family physician residents exiting a Colorado Family Medicine Residency Program and contracted for employment at a CHSC certified site	<p>Ft. Collins Family Medicine Residency Program</p> <p>St. Anthony North Family Medicine Residency Program</p> <p>St. Joseph Family Medicine Residency Program</p> <p>St. Mary's Family Medicine Residency Program</p> <p>University of Colorado Family Medicine Residency Program</p>	<p>The PCO at CDPHE administers the program in collaboration with the Colorado Association of Family Medicine Residencies.</p> <p>Loan repayment awards are endorsed by the CHSC Advisory Council.</p> <p>Applications are accepted annually in March.</p> <p>The program is funded by a \$450,000 gift, grant or donation from participating residency programs.</p>

Certified Addiction Counselor Scholarship Program	Up to \$5,000 for the cost of tuition and fees	The applicant must complete coursework at an approved training institution, fulfill required supervision hours for their chosen addiction counselor level and agree to work 6-months at a CHSC-approved site.	<p>Federally Qualified Health Centers/Community Health Centers</p> <p>Federally Qualified Health Center Look-Alike Clinics</p> <p>Certified Rural Health Clinics</p> <p>Community Mental Health Centers</p> <p>State Prisons, Department of Corrections</p> <p>Colorado Mental Health Institutes at Fort Logan and Pueblo</p> <p>Community Funded Safety Net Clinics</p> <p>Indian Health Service (IHS)</p> <p>For-profit and nonprofit opioid treatment programs</p>	<p>The PCO at CDPHE administers the program.</p> <p>Award decisions are determined by the CHSC Advisory Council.</p> <p>CHSC applications are accepted twice annually (March and September).</p> <p>The program is funded by:</p> <ol style="list-style-type: none"> 1. Marijuana Tax Revenue

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

	<p>to repay a portion of their qualifying educational loans.</p> <p>60 percent of total qualifying nursing educational loans balance for an initial two year service obligation</p> <p>An additional 25 percent of total qualifying nursing educational loan balance for a third, optional, year of service</p>			
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B: 2020 Colorado Health Service Corps Advisory Council

Council Member	Organization Name	Interest Served on the Advisory Council per HB 13-1074; 25-1.5-504 (formerly 25-20.5-704)	1st Term Appointed	2nd Term Appointed	Term Expiration
Lynne Jones	Colorado Association of Family Medicine Residencies	(a) The commission on family medicine created pursuant to part 9 of article 1 of title 25.5;	7/3/2018		11/20/2021
Sara Leahy	Colorado Rural Health Center	(b) A nonprofit statewide membership organization that provides programs and services to enhance rural health care in Colorado;	8/8/2016	2/5/2020	11/20/2022
Polly Anderson	Colorado Community Health Network	(c) A membership organization representing federally qualified health centers in Colorado;	9/10/2013	10/20/2016	11/20/2022
Khanh Nguyen	The Colorado Health Foundation	(d) FOUNDATION THAT FUNDS A HEALTH CARE PROFESSIONAL LOAN FORGIVENESS PROGRAM IN COLORADO;	3/16/2017	11/7/2018	11/20/2021
Steven Art	Economic Development Council of Colorado	(e) AN ECONOMIC DEVELOPMENT ORGANIZATION IN COLORADO;	12/13/2017	11/6/2020	11/20/2023
Ravid Moshe Gur	Colorado Behavioral Health Council	(f) A MEMBERSHIP ORGANIZATION REPRESENTING COMMUNITY BEHAVIORAL HEALTH CARE PROVIDERS;	4/19/2018	2/5/2020	11/20/2022
Phyllis Kirk Graham-Dickerson, PhD	Regis University Loretto Heights School of Nursing	(g) AN ADVANCED PRACTICE NURSE IN A FACULTY POSITION AT AN EDUCATIONAL INSTITUTION WITH HEALTH CARE PROFESSIONAL PROGRAMS, WHO IS LICENSED TO PRACTICE IN COLORADO;	11/20/2017	11/20/2020	11/20/2023
Pradeep Dhar, MD	Salud Family Health Center - Ft. Lupton	(h) A PHYSICIAN WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	10/20/2016	2/5/2020	11/20/2022

Amy Barton, PhD	University of Colorado Anschutz	(i) A NURSE WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	11/6/2020	11/20/2023
James (Ed) Hagins, Med	Midwestern CO Mental Health Center, Montrose	(j) A MENTAL HEALTH PROVIDER WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	10/20/2016 2/5/2020	11/20/2022
Symone Webley, DDS	University of Colorado School of Dental Medicine	(k) AN ORAL HEALTH PROVIDER WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	11/6/2020	11/20/2023
David Ross, DO	Rocky Vista University College of Osteopathic Medicine	(l) A PHYSICIAN WHO IS A FACULTY MEMBER OF A MEDICAL SCHOOL IN COLORADO;	11/06/2020	11/20/2023
Vernice Bautista, MMSc, PA-C	Clinica Family Health Services	(m) A CITIZEN REPRESENTATIVE WHO HAS KNOWLEDGE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	2/5/2020	11/20/2022
Bradley Sjostrom, LCSW, MAC	Colorado Providers Association	(n) A MEMBERSHIP ORGANIZATION REPRESENTING SUBSTANCE USE DISORDER SERVICE PROVIDERS;	7/3/2018	11/20/2021
Agnieszka Baklazec, MA, LPC, LAC, MAC	Colorado Association of Addiction Professionals	(o) A LICENSED OR CERTIFIED ADDICTION COUNSELOR WHO HAS EXPERIENCE IN RURAL HEALTH, SAFETY NET CLINICS, OR HEALTH EQUITY;	7/3/2018	11/20/2021