

## ATTACHMENTS

February 12, 2015

The Honorable Mitch Greenlick  
900 Court St. NE, H-493  
Salem, OR, 97301

RE: HB2048

Dear Representative Greenlick and Members of the Committee on Health Care:

The faculty of the School of Occupational Therapy (OT) at Pacific University respectfully requests your support for HB2048 that *directs the Oregon Health Authority to adopt rules that would allow occupational therapists to participate in the primary care provider loan repayment program*. The bill was introduced by former Representative Bob Jenson (District 58 Pendleton), in response to the challenge to recruit occupational therapists to fill positions in his and other rural districts of Oregon. In Wallowa county alone, Wallowa hospital has been unsuccessful in recruiting an OT over the past 2 years, the Medicare Hospice Program was decertified due to the inability to fulfill the occupational therapist requirements, and the Wallowa School System does not have an occupational therapist in its district.

There is a shortage of occupational therapists in Oregon, particularly in rural areas, despite the fact that Pacific University, the only University in Oregon that graduates occupational therapists, has increased its enrollment of OT students annually over the past 8 years with plans to increase enrollment yet again this coming year. In addition, the School for Occupational Therapy Assistants program at Linn-Benton College, initiated in 2011, graduates a growing number of OT Assistants. Yet, there remains the challenge of attracting these new graduates to serve in rural areas or to pursue jobs at facilities recognized by the Health Resources and Service Administration (HRSA) as having shortages of primary care and mental health providers for underserved populations.

One of the greatest deterrents to entering rural practice or pursuing career opportunities with underserved populations is the high educational loan debt that students accumulate and must repay. This, in combination with the lower wages offered in rural communities and facilities that serve underserved populations, prohibits new graduates from taking jobs in these areas of practice.

Please refer to the Attachments for additional information about the current challenges of rural Oregon residents to access health care, barriers to recruitment of occupational therapy practitioners to serve populations in need and the nature of the primary care provider loan repayment program.

Adoption of Oregon Health Authority rules to allow occupational therapists to participate in the primary care provider loan repayment program is a critical first step

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to improve access to OT services for Oregonians in need of occupational therapy services. Benefits include: Increased service to rural areas and underserved populations; stronger hiring and retention leverage for employers; an avenue to infuse underserved areas and facilities with ~~with~~ state of the art practice and best evidence characteristic of new graduates.

**Comment [R1]:** Does the OT Board track where OT was working? It would be nice to see a statistic which says. X work in urban areas and X work in rural areas.

We urge you to help move HB2048 forward by scheduling a hearing for this important bill and proactively assist to successfully move it through the legislative process.

Respectfully,

Tiffany Boggis, MBA, OTR/L  
Associate Professor, Legislative Liaison School of Occupational Therapy  
Pacific University College of Health Professions  
190 SE 8<sup>th</sup> Avenue Suite # 369  
Hillsboro, OR 97123  
503-352-7350  
boggisd@pacificu.edu

John White, PhD, Director School of Occupational Therapy  
Pacific University College of Health Professions  
190 SE 8<sup>th</sup> Avenue Suite # 361  
Hillsboro, OR 97123  
503-352-7355  
whiteja@pacificu.edu

Faculty of the School of Occupational Therapy: Sandra Pelham Foster, OTD; Sandra Rogers, PhD; Linda Hunt, PhD; Steve Park, PhD; Sean Roush, OTD; Nancy Krusen, PhD; Sarah Foidel OTD; Tori Eaton, MOT

CC: Members of the House Committee on Health  
Representative Cedric Hayden, Vice-Chair  
Representative Rob Nosse, Vice- Chair  
Representative Knute Buehler  
Representative Brian Clem  
Representative Bill Kennemer  
Representative Alissa Keny-Guyer  
Representative John Lively  
Representative Jim Weidner

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### **Additional Information**

#### **Challenges for Rural Oregonian Residents**

- Rural is defined as: all geographic areas 10 or more miles from the centroid of a population center of 40,000 people or more. (Office of Rural Health, 2014)
- It is estimated that 650,821 individuals or 16.6% of Oregonians live in rural areas. (Rural Assistance Center Oregon, 2013).
- Rural counties are more likely to report fair to poor health: 19.5% rural counties compared to 15.6% urban counties. (National Rural Health Association, 2011)
- Rural Americans tend to be older and less well insured; and chronic disease prevalence, infant and maternal morbidity, mental illness, environmental and occupational injuries, and obesity are higher in rural communities. (National Rural Health Association Policy Brief, 2012)
- Rural Americans require extensive travel time and incur greater costs in order to obtain basic health care.
- Census data indicates that persons of minority background are increasing at a higher rate in rural areas than in urban areas including African American, Asian, American Indian, Hispanic, and Other. (National Rural Health Association, 2011)

#### **Challenges for Health Care Facilities that Provide Service**

- Demand for allied health services is projected to increase substantially, given the aging population, and there is empirical evidence of allied health shortages, which will acutely affect rural areas.
- Problems with the distribution of physicians and other health professionals, as well as recruitment and retention issues are ongoing for rural areas, especially those that compete with urban areas to maintain an adequate workforce.
- The national average wage of the eleven allied health professions was lower in nonmetropolitan areas compared to metropolitan areas, with rural hourly wages 12 percent lower, on average (National Rural Health Association Policy Brief, 2012). New graduates with loan debt are forced to take higher paying jobs.
- Most future health professionals will come from urban areas as rural students often face lower educational and socioeconomic status, fewer role models and less encouragement to pursue advanced degrees, and the need to travel to attend most health professional education programs.

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- Lower patient densities, rural economic income disparities, the smaller number of rural health professional training sites, and lower reimbursement levels make it challenging to recruit health professionals to rural communities.

### Educational Debt

- Seven in 10 seniors (69%) who graduated from public and nonprofit colleges in Oregon in 2013 had student loan debt, with an average of \$25,577 per borrower (The Project on Student Debt, 2014).
- Median graduate student loan debt in 2012 was 57,600 and is rising (CNN Money, 2015).
- Approximately 15% of graduate and professional school students graduate with a six-figure student loan debt (Wall Street Journal May 16, 2014).

### Loan Repayment Program

The Medicaid Primary Care Loan Repayment Program was established by the Oregon Legislature to provide loan repayment to primary care clinicians who serve Medicaid patients in underserved areas of Oregon to ensure an adequate supply of providers.

Currently a primary provider who qualifies for the loan forgiveness program is currently practicing at a qualifying practice site and has been employed there less than 24 months, or has an employment contract with a qualifying practice site to begin practice within the next 4 months and includes the following professions:

- Dentist
- Expanded Practice Dental Hygienist
- Physician (MD or DO)
- Nurse Practitioner
- Physician Assistant
- Psychiatrist
- Licensed Clinical Psychologist
- Licensed Clinical Social Worker
- Marriage or Family Therapist

### Qualified practice sites include:

- Rural hospitals
- Federally Qualified Health Centers (FQHCs)
- Federally Certified Rural Health Clinics (RHCs)
- Sites providing primary care services in a HPSA
- Other sites providing primary care to an underserved population as determined by the Oregon Health Authority

**Comment [R2]:** Maybe emphasize loan forgiveness only has to be initiated within 24 months of employment. The recipient can participate until they reach the maximum loan repayment award.

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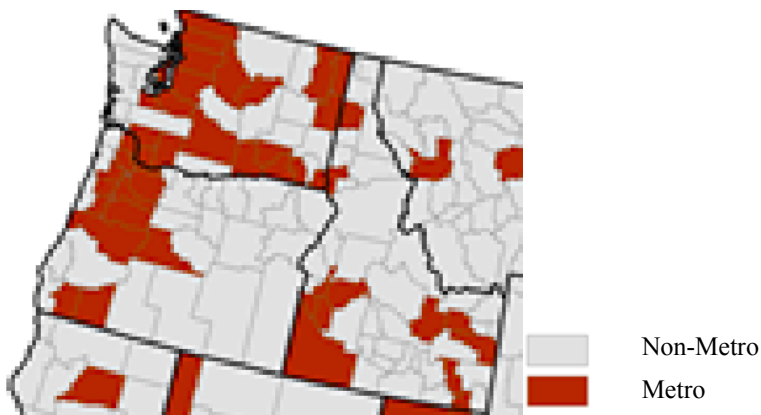
### Funding

A percentage of the balance owed on qualifying loans upon program entry, up to an annual maximum amount for each year of full-time service is offered to qualified applicants and a pro-rated amount for part-time service. Some programs require a minimum number of years of service.

The Loan Repayment Program is funded via funds established in the State Treasury, separate and distinct from the General Fund, including the Health Care Workforce Strategic Fund, the Rural Health Services Fund (that also uses matching community funds) and the Primary Care Provider Loan Repayment Fund. The authority may accept gifts, grants, bequests, endowments and donations from public or private sources for deposit into the Primary Care Provider Loan Repayment Fund. [2013 c.177 §2]

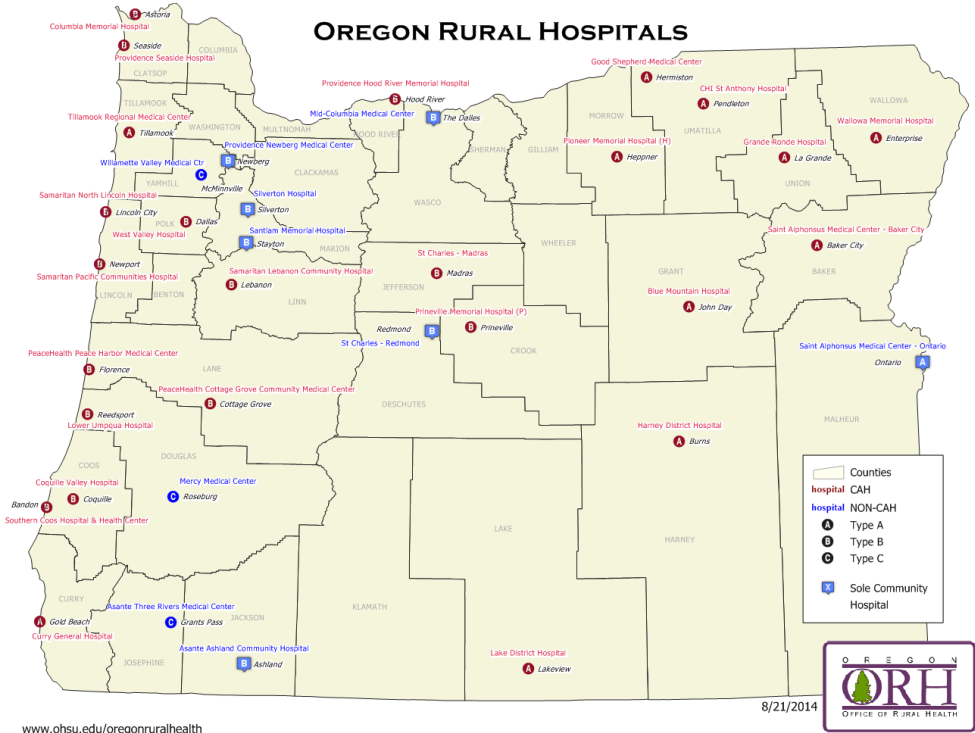
### Shortage Areas and Qualifying Facilities in Oregon

The majority of Oregon's 36 counties are considered rural or non-metropolitan.



According to the Oregon Office of Rural Health there are 58 hospitals in the state with 29 of these being identified as rural hospitals. 25 of the rural hospitals are designated as Critical Access Hospitals (November 2014). Also, there are 62 Rural Health Clinics in Oregon (Kaiser, 2012), and 25 Federally Qualified Health Centers provide services at 138 sites in the state (Kaiser, 2011). <http://www.raconline.org/states/oregon>

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Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (for example, low income or Medicaid eligible) or facilities (for example, federally qualified health center or other state or federal prisons). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. (Health Resources and Service Administration, 2014).

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

- See Appendix A for a list of Primary Care County and County Equivalent Health Professional Shortage Areas (HPSAs) and eligible HSPA facilities.

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### **PRIMARY CARE: Oregon County and County Equivalent Listing** Professional Shortage Areas (HPSAs) and Eligible HSPA facilities

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (for example, low income or Medicaid eligible) or facilities (for example, federally qualified health center or other state or federal prisons). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.(Health Resources and Service Administration, 2014).

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

#### **Baker County**

Service Area: Halfway Service Area

Population Group: Low Income - Wingville/Baker City

Facility: Saint Alphonsus Group-Valley Medical

Facility: Saint Alphonsus Medical Group-Baker Clinic

#### **Benton County**

Service Area: Alsea

Facility: Alsea Rural Health Care, Inc.

Facility: Benton County Health Department

#### **Clackamas County**

Population Group: Low Income/Migrant Seasonal Farmworkers - Central Clackamas

Facility: Clackamas County Community Health Division

Facility: Coffee Creek Correctional Facility

#### **Clatsop County (Entire County HPSA)**

Facility: Coastal Family Health Center

Facility: Providence North Coast Clinic

#### **Columbia County (Entire County HPSA)**

#### **Coos County**

Population Group: Low Income/Homeless - Coos County

Facility: Bandon Community Health Center

Facility: Coos Bay Tribal Clinic

Facility: Coquille Community Health Center

Facility: Waterfall Clinic, Inc.

#### **Crook County**

Population Group: Low Income - Crook County

Facility: Mosaic Medical

Facility: St. Charles Family Care

#### **Curry County**

Population Group: Low Income - Curry County

#### **Deschutes County**

Service Area: La Pine

Facility: Lapine Community Health Center

#### **Douglas County**

Population Group: Low Income/Migrant Farmworker - Douglas County

Facility: Adapt

Facility: Cow Creek Tribal Clinic

Facility: Dunes Family Health Care

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Facility: Umpqua Community Health  
**Gilliam County (Entire County HPSA)**

### **Grant County**

Population Group: Low Income - Grant County  
PRIMARY CARE: Oregon  
County and County Equivalent Listing

### **Harney County**

Population Group: Low Income - Harney County  
Facility: Burns-Paiute Health Clinic  
Facility: Wadatika Health Center

### **Hood River County**

Population Group: Low Income/Migrant Seasonal Farmworkers - Hood River  
County  
Facility: La Clinica Del Carino/Db a One Community Health

### **Jackson County**

Population Group: Low Income/Migrant Seasonal Farmworkers/Homeless -  
Jackson County  
Facility: Community Health Center, Inc.  
Facility: La Clinica Del Valle  
Facility: Shady Cove Clinic

### **Jefferson County (Entire County HPSA)**

Facility: Warm Springs PHS Indian Health Center

### **Josephine County**

Population Group: Low Income - Cave Junction  
Population Group: Low Income - North Josephine County  
Facility: Siskiyou Community Health

### **Klamath County**

Population Group: Low Income - Klamath County  
Facility: Klamath Health Partnership  
Facility: Klamath Tribal Health Center

### **Lake County**

Population Group: Low Income - Lake County

### **Lane County**

Service Area: McKenzie  
Service Area: Oakridge  
Population Group: Low Income - Cottage Grove  
Population Group: Low Income - North Dunes/Siuslaw  
Population Group: Low Income/Migrant Farmworker - Eugene/Springfield  
Facility: Community Health Centers of Lane County  
Facility: Peacehealth Medical Group-Dexter  
Facility: White Bird Clinic

### **Lincoln County**

Population Group: Low Income - North and Central Lincoln County  
Population Group: Low Income - North Dunes/Siuslaw  
Facility: Coastal Health Practitioners  
Facility: Lincoln City Medical Center  
Facility: Lincoln County Health and Human Services  
Facility: Siletz Community Health Clinic

### **Linn County**

Population Group: Low Income/Migrant Farmworker - Linn County  
PRIMARY CARE: Oregon  
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### **Malheur County**



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Population Group: Low Income/Migrant Farmworker - Malheur County  
Facility: Malheur Memorial Health Center  
Facility: Snake River Correctional Institution

### **Marion County**

Population Group: Low Income/Migrant Farmworker-Marion/Polk Counties  
Facility: Chemawa Indian Health Center  
Facility: Northwest Human Services  
Facility: Oregon State Correctional Institution

### **Morrow County (Entire County HPSA)**

Facility: Columbia River Community Health Services  
Facility: Irrigon Medical Clinic  
Facility: Pioneer Memorial Clinic

### **Multnomah County**

Facility: Central City Concern  
Facility: Multnomah County Health Department  
Facility: Native American Rehabilitation Association  
Facility: Neighborhood Health Center  
Facility: Oregon Health and Science University Richmond Community Health Center  
Facility: Outside In  
Facility: Portland Area Office  
Facility: Portland Urban Indian Clinic  
Facility: The Wallace Medical Concern

### **Polk County**

Population Group: Low Income/Migrant Farmworker-Marion/Polk Counties  
Facility: Bayshore Family Medicine-Lincoln City  
Facility: Grand Ronde Health Center

### **Sherman County (Entire County HPSA)**

### **Tillamook County**

Population Group: Low Income/Homeless - Tillamook County  
Facility: The Rinehart Clinic  
Facility: Tillamook County Health

### **Umatilla County**

Population Group: Low Income/Migrant Seasonal Farmworkers - Umatilla County  
Facility: Confederated Umatilla Tribes Yellowhawk Clinic  
Facility: East Oregon Correctional Institution  
Facility: Two Rivers Correctional Institution

### **Union County**

Population Group: Low Income - Union County

### **Wallowa County**

Population Group: Low Income - Wallowa County

### **Wasco County**

Population Group: Low Income/Migrant Seasonal Farmworkers - Wasco County  
Facility: Columbia Hills Family Medicine  
Facility: Internal Medicine Group 1810  
Facility: Internal Medicine Group 1815  
Facility: Internal Medicine Group 1825  
Facility: The Dalles Family Practice

### **Washington County**

Facility: Virginia Garcia Memorial Health Center

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### **Wheeler County (Entire County HPSA)**

Facility: Asher Clinic

### **Yamhill County**

Population Group: Low Income/Migrant Farmworker/Homeless - Yamhill County

Facility: Bayshore Family Medicine-Pacific City

Facility: Federal Correctional Institution - Sheridan