

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 393, As Amended

BY EDUCATION COMMITTEE

AN ACT

1 RELATING TO RURAL HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE; AMENDING  
2 SECTION 33-3723, IDAHO CODE, TO PROVIDE A CORRECT CODE REFERENCE, TO  
3 PROVIDE FOR THE ADMINISTRATION OF THE FUND BY THE DEPARTMENT OF HEALTH  
4 AND WELFARE, TO PROVIDE FOR MONEYS PAYABLE INTO THE FUND AND TO PROVIDE  
5 FOR INCOME, EARNINGS AND COSTS OF ADMINISTRATION; REPEALING SECTION  
6 33-3724, IDAHO CODE, RELATING TO THE RURAL PHYSICIAN INCENTIVE FUND;  
7 REPEALING SECTION 33-3725, IDAHO CODE, RELATING TO INCENTIVE PAYMENTS  
8 FROM THE RURAL PHYSICIAN INCENTIVE FUND; AMENDING SECTION 39-5902,  
9 IDAHO CODE, TO PROVIDE FOR THE RURAL PHYSICIAN INCENTIVE FUND, TO PRO-  
10 VIDE FOR MONEYS IN THE FUND, TO PROVIDE THAT MONEYS IN THE FUND ARE  
11 HEREBY APPROPRIATED AND TO PROVIDE FOR USES OF THE FUND; AMENDING SEC-  
12 TION 39-5903, IDAHO CODE, TO REVISE DEFINITIONS AND TO DEFINE TERMS;  
13 AMENDING SECTION 39-5904, IDAHO CODE, TO PROVIDE FOR THE JOINT HEALTH  
14 CARE ACCESS AND PHYSICIAN INCENTIVE GRANT REVIEW BOARD AND TO PROVIDE  
15 FOR THE COMPOSITION OF THE BOARD; AMENDING SECTION 39-5905, IDAHO CODE,  
16 TO PROVIDE FOR THE SCOPE OF RURAL HEALTH CARE ACCESS AND PHYSICIAN  
17 INCENTIVE GRANT SUPPORT, TO PROVIDE FOR GRANTS TO PHYSICIANS FOR QUAL-  
18 IFIED MEDICAL EDUCATION DEBT REPAYMENTS AND TO PROVIDE A PURPOSE FOR  
19 SUCH PAYMENTS, TO PROVIDE FOR RURAL HEALTH CARE ACCESS GRANT AWARDS,  
20 TO REVISE PROVISIONS RELATING TO THE RETURN OF UNUSED GRANT FUNDS AND  
21 TO PROVIDE FOR PHYSICIAN INCENTIVE GRANT AWARDS; AMENDING SECTION  
22 39-5906, IDAHO CODE, TO PROVIDE FOR CATEGORIES OF RURAL HEALTH CARE  
23 ACCESS AND PHYSICIAN INCENTIVE GRANTS, TO PROVIDE FOR THE THREE CATE-  
24 GORIES OF RURAL HEALTH CARE ACCESS GRANT ASSISTANCE, TO CLARIFY CERTAIN  
25 ACTIVITIES THAT FUNDS MAY BE USED FOR AND TO PROVIDE A LIMITATION ON  
26 THE USE OF PHYSICIAN INCENTIVE GRANTS; AMENDING SECTION 39-5907, IDAHO  
27 CODE, TO PROVIDE REQUIREMENTS FOR RURAL HEALTH CARE ACCESS GRANT AWARDS  
28 AND TO PROVIDE REQUIREMENTS FOR RURAL PHYSICIAN INCENTIVE GRANT AWARDS;  
29 AMENDING SECTION 39-5908, IDAHO CODE, TO PROVIDE REQUIREMENTS FOR RURAL  
30 HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE APPLICATIONS AND TO PROVIDE  
31 FOR SOURCES OF INFORMATION ASSOCIATED WITH APPLICATIONS; AMENDING SEC-  
32 TION 39-5909, IDAHO CODE, TO PROVIDE FOR THE RURAL HEALTH CARE ACCESS  
33 AND PHYSICIAN INCENTIVE GRANT AWARD SCHEDULE, TO PROVIDE FOR CERTAIN  
34 DUTIES OF THE RURAL HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE PROGRAM  
35 MANAGER, TO PROVIDE FOR THE DISBURSAL OF APPROVED RURAL HEALTH CARE  
36 ACCESS GRANTS AND TO PROVIDE FOR THE DISBURSAL OF APPROVED RURAL PHYSI-  
37 CIAN INCENTIVE GRANTS; AMENDING SECTION 39-5910, IDAHO CODE, TO PROVIDE  
38 CRITERIA FOR RURAL HEALTH CARE ACCESS AWARDS AND PHYSICIAN INCENTIVE  
39 AWARDS AND TO MAKE A TECHNICAL CORRECTION; REPEALING SECTION 39-5911,  
40 IDAHO CODE, RELATING TO NEGOTIATION; AND AMENDING SECTION 39-5912,  
41 IDAHO CODE, TO PROVIDE FOR THE RETURN OF CERTAIN FUNDS TO THE RURAL  
42 HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE GRANT PROGRAM.  
43

44 Be It Enacted by the Legislature of the State of Idaho:

1 SECTION 1. That Section 33-3723, Idaho Code, be, and the same is hereby  
2 amended to read as follows:

3 33-3723. RURAL PHYSICIAN INCENTIVE FEE ASSESSMENT. The state board  
4 of education may assess a fee to students preparing to be physicians in the  
5 fields of medicine or osteopathic medicine who are supported by the state  
6 pursuant to an interstate compact for a professional education program in  
7 those fields, as those fields are defined by the compact. The fee may not  
8 exceed an amount equal to four percent (4%) of the annual average medicine  
9 support fee paid by the state. The fee must be assessed by the board and de-  
10 posited in the rural physician incentive fund established in section ~~33-3724~~  
11 39-5902, Idaho Code, to be administered by the department of health and  
12 welfare. Moneys are also payable into the fund from state appropriations,  
13 private contributions, gifts and grants and other sources. Income and earn-  
14 ings on the fund shall be returned to the fund. The expenses of administering  
15 the physician incentive fund portion of the fund shall not exceed ten percent  
16 (10%) of the annual fees assessed pursuant to this section.

17 SECTION 2. That Section 33-3724, Idaho Code, be, and the same is hereby  
18 repealed.

19 SECTION 3. That Section 33-3725, Idaho Code, be, and the same is hereby  
20 repealed.

21 SECTION 4. That Section 39-5902, Idaho Code, be, and the same is hereby  
22 amended to read as follows:

23 39-5902. RURAL HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE FUNDS.  
24 (1) There is hereby created in the state treasury a fund known as the "Rural  
25 Health Care Access Fund." Subject to appropriation by the legislature, mon-  
26 eys in the fund shall be used exclusively for the purpose of grants for im-  
27 proving access to primary care medical services in areas designated as pri-  
28 mary care health professional shortage areas and medically underserved ar-  
29 eas and their administration pursuant to this chapter.

30 (2) There is hereby created in the state treasury a fund known as the  
31 "Rural Physician Incentive Fund." Money is payable into the fund as provided  
32 for in section 33-3723, Idaho Code. The moneys in the rural physician incen-  
33 tive fund are hereby appropriated for the uses of the fund. The state depart-  
34 ment of health and welfare may use the moneys in the fund to pay:

35 (a) The educational debts of rural physicians who practice primary care  
36 medicine in medically underserved areas of the state that demonstrate a  
37 need for assistance in physician recruitment; and

38 (b) The expenses of administering the rural physician incentive pro-  
39 gram. The expenses of administering the program shall not exceed ten  
40 percent (10%) of the annual fees assessed pursuant to section 33-3723,  
41 Idaho Code.

42 SECTION 5. That Section 39-5903, Idaho Code, be, and the same is hereby  
43 amended to read as follows:

44 39-5903. DEFINITIONS. As used in this chapter:

1 (1) "Applicant" means an entity submitting documents required by the  
 2 ~~rural health care access program~~ department for the purpose of requesting  
 3 a grant from the rural health care access ~~fund~~ and physician incentive pro-  
 4 gram.

5 (2) "Application period" means the time period from July 1 to August 30  
 6 of the state fiscal year for which funding is requested.

7 (3) "Approval" means written notification that the application will be  
 8 awarded funding through the rural health care access ~~fund~~ and physician in-  
 9 centive program.

10 (4) "Board" means the joint health care access ~~program~~ and physician  
 11 incentive grant review board.

12 (5) "Community sponsoring organization" means a hospital, medical  
 13 clinic or other medical organization that is located in an eligible area and  
 14 employs physicians for purposes of providing primary care medical services  
 15 to patients.

16 (6) "Department" means the department of health and welfare.

17 ~~(67)~~ "Director" means the director of the department of health and wel-  
 18 fare.

19 (8) "Eligible area for physician incentive grants" means a medically  
 20 underserved area of Idaho, further defined to mean an area designated by the  
 21 United States secretary of health and human services as a health profes-  
 22 sional shortage area.

23 ~~(79)~~ "Grant period" means the time immediately following the applica-  
 24 tion period from July 1 through June 30 (state fiscal year) for which funding  
 25 is granted.

26 ~~(810)~~ "Nurse practitioner" means a health care provider licensed pur-  
 27 suant to chapter 14, title 54, Idaho Code.

28 ~~(911)~~ "Oral health care provider" means a dentist or dental hygienist  
 29 licensed pursuant to chapter 9, title 54, Idaho Code.

30 ~~(102)~~ "Physician assistant" means a health care provider licensed pur-  
 31 suant to chapter 18, title 54, Idaho Code.

32 ~~(113)~~ "Primary care," for purposes of rural health care access grants,  
 33 means the provision of professional comprehensive health services, includ-  
 34 ing oral health care services, that includes health education and disease  
 35 prevention, initial assessment of health problems, treatment of acute care  
 36 and chronic health problems, and the overall management of an individual's  
 37 or family's health care services as provided by an Idaho licensed internist,  
 38 obstetrician, gynecologist, pediatrician, family practitioner, general  
 39 practitioner, dentist, dental hygienist, nurse practitioner or physician  
 40 assistant. It provides the initial contact for health services and referral  
 41 for secondary and tertiary care.

42 ~~(124)~~ "Primary care health professional shortage area" means a geo-  
 43 graphic area or population group which the U.S. secretary of health and  
 44 human services has determined is underserved by primary care health profes-  
 45 sional(s).

46 ~~(15)~~ "Primary care medicine," for purposes of rural physician incentive  
 47 grants, means family medicine, general internal medicine and general pedi-  
 48 atrics. Provided however, if there is a demonstrated high level of need in an  
 49 eligible area as determined by the board, it may also include obstetrics and  
 50 gynecology, general psychiatry, general surgery and emergency medicine.

1           (136) "Medically underserved area" means a geographic area which the  
2 U.S. secretary of health and human services has determined is underserved by  
3 primary care health professional(s).

4           (17) "Qualified medical education debt" means a debt with a financial  
5 aid program or financial institution incurred to meet the educational costs  
6 of attending a medical school.

7           (148) "Rural health care access grant" means a grant awarded pursuant to  
8 this chapter.

9           (159) "Rural health care access and physician incentive program" means  
10 the program that administers the rural health care access and physician in-  
11 centive funds.

12           (20) "Rural physician," for purposes of physician incentive grants,  
13 means a licensed Idaho physician, whether a medical doctor or doctor of  
14 osteopathic medicine, who spends a minimum of twenty-eight (28) hours per  
15 week, on average, providing primary care medicine services to patients in an  
16 eligible area.

17           (21) "Rural physician incentive fee" means the fee assessed by the state  
18 to students preparing to be physicians in the fields of medicine or osteo-  
19 pathic medicine who are supported by the state pursuant to an interstate com-  
20 compact for professional education in those fields, as those fields are defined  
21 by the compact.

22           (22) "Rural physician incentive fund" means the special revenue account  
23 in the state treasury created pursuant to section 39-5902, Idaho Code, re-  
24 lating to the rural health care access and physician incentive grant pro-  
25 gram.

26           SECTION 6. That Section 39-5904, Idaho Code, be, and the same is hereby  
27 amended to read as follows:

28           39-5904. JOINT HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE GRANT RE-  
29 VIEW BOARD. (1) The director shall appoint the members of a board to be known  
30 as the joint health care access and physician incentive grant review board,  
31 who shall serve at the pleasure of the director. Board members shall not be  
32 compensated, but shall be reimbursed for travel expenses incurred for atten-  
33 dance at board meetings.

34           (2) The board shall meet at least annually, for the purposes described  
35 in this chapter.

36           (3) The board shall be composed of the following: a representative  
37 from the Idaho academy of family physicians, a representative from the nurse  
38 practitioner conference group, a rural hospital administrator, a repre-  
39 sentative from the physician assistant association, ~~the health resources~~  
40 ~~section supervisor~~ a representative from the office of rural health, di-  
41 vision of public health, a faculty member from one (1) of the Idaho family  
42 medicine residency programs, an Idaho medical association representative,  
43 an Idaho hospital association representative, an Idaho primary care associ-  
44 ation representative, an Idaho area health education center representative,  
45 a medical student program administrator representative from each state sup-  
46 ported program, and an Idaho association of counties representative.

47           (4) Appointments to the board shall be for three (3) years. Board mem-  
48 bers may be reappointed at the end of each three (3) year period. Initial ap-  
49 pointments shall be staggered in such a manner that approximately one-third

1 (1/3) are appointed for one (1) year, one-third (1/3) are appointed for two  
2 (2) years, and one-third (1/3) are appointed for three (3) years.

3 (5) A majority of the board members constitutes a quorum for the trans-  
4 action of business. A majority vote is required by the quorum in finalizing  
5 decisions.

6 SECTION 7. That Section 39-5905, Idaho Code, be, and the same is hereby  
7 amended to read as follows:

8 39-5905. SCOPE OF RURAL HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE  
9 GRANT SUPPORT. The board may award grants, in accordance with the procedures  
10 and criteria in this chapter, to governmental and nonprofit entities and to  
11 physicians for qualified medical education debt repayments for the purpose  
12 of improving access to primary health care services to rural and underserved  
13 areas and for physician loan repayment.

14 (1) Rural health care access grant awards:

15 (a) Individual grant awards will be limited to a total of thirty-five  
16 thousand dollars (\$35,000), direct and indirect costs, per year.

17 (2b) Applicants may propose projects for funding for up to three (3)  
18 years.

19 (ai) Continued funding for projects beyond the first grant year,  
20 years two (2) and three (3), shall be subject to the appropriation  
21 of funds and grantee performance.

22 (bii) No project may be funded for more than a total of three (3)  
23 years.

24 (eiii) Any unused grant funds shall be returned to the rural health  
25 care access fund by the applicant no later than ~~August 30~~ June 1 of  
26 the grant period.

27 (3c) No funds awarded under a grant may be used for purchase, construc-  
28 tion, renovation or improvement of real property or for projects which  
29 are solely or predominantly designed for the purchase of equipment. Use  
30 of funds for the purchase of equipment may be allowed when such equip-  
31 ment is an essential component of a program. However, the purchase of  
32 equipment may not represent more than forty percent (40%) of the total  
33 annual share of a proposal. Indirect costs shall not exceed fifteen  
34 percent (15%) of the total project.

35 (2) Physician incentive grant awards:

36 (a) A physician selected to receive a rural physician incentive grant  
37 award shall be entitled to receive qualified medical education debt re-  
38 payments for a period not to exceed four (4) years in such amount as is  
39 determined annually.

40 (b) Award amounts shall be established annually based on recommenda-  
41 tions of the joint health care access and physician incentive grant re-  
42 view board utilizing such factors as availability of funding, the num-  
43 ber of new applicants and the hours an award recipient will devote to  
44 providing primary care medicine in an eligible area.

45 (c) The award shall not exceed the qualified medical education debt in-  
46 curring by the recipient, and the maximum amount of educational debt re-  
47 payments that a rural physician may receive shall be fifty thousand dol-  
48 lars (\$50,000) over such four (4) year period.

1 (d) All physician incentive grant awards shall be paid directly from  
 2 the physician incentive fund to the physician receiving the award.

3 (e) The total of all awards from the rural physician incentive fund con-  
 4 tractually committed in a year shall not exceed the annual amount de-  
 5 posited in the fund that same year.

6 (f) An award payment to a recipient in a single year is not guaranteed or  
 7 assured in subsequent years and may be increased or reduced.

8 (g) Any unused grant funds shall be returned to the physician incentive  
 9 fund by the applicant no later than June 1 of the grant period.

10 SECTION 8. That Section 39-5906, Idaho Code, be, and the same is hereby  
 11 amended to read as follows:

12 39-5906. CATEGORIES OF RURAL HEALTH CARE ACCESS AND PHYSICIAN INCEN-  
 13 TIVE GRANTS. (1) There are ~~four~~ three (4~~3~~) categories of rural health care  
 14 access grant assistance:

15 ~~(1) Recruitment and retention of primary care providers -- Grant funds~~  
 16 ~~may be used for loan repayment for primary care providers, recruitment~~  
 17 ~~incentive, and/or reimbursement of relocation expenses for primary care~~  
 18 ~~providers.~~

19 (2a) Telehealth projects -- Grant funds may be used for projects that  
 20 involve the use of telecommunications technologies for distance learn-  
 21 ing and for projects to improve access to care for rural communities.

22 (3b) Community development projects -- Grant funds may be used for  
 23 health needs assessments, marketplace analysis, financial analysis and  
 24 strategic planning activities.

25 (4c) Other -- Communities may choose to apply for funds for activities  
 26 that they have identified and determined will help to improve access to  
 27 primary care in rural areas, including loan repayment for primary care  
 28 providers, recruitment incentive, and/or reimbursement of relocation  
 29 expenses for primary care providers.

30 (2) Physician incentive grants: Grants are limited to loan repayment  
 31 for physicians providing primary care medicine in eligible areas.

32 SECTION 9. That Section 39-5907, Idaho Code, be, and the same is hereby  
 33 amended to read as follows:

34 39-5907. ELIGIBILITY FOR GRANTS. Applicants must meet the following  
 35 requirements:

36 (1) Rural health care access grant awards:

37 (a) The geographical area to be benefitted must be located in a current  
 38 primary care or dental health professional shortage area or a medically  
 39 underserved area.

40 (2b) The aApplicant must be a governmental entity or a nonprofit entity  
 41 registered with the Idaho secretary of state.

42 (2) Rural physician incentive grant awards:

43 (a) A physician who meets the following requirements is eligible to ap-  
 44 ply for a rural physician incentive grant award:

45 (i) During the period covered by the award, the physician must  
 46 be a rural physician providing primary care medicine in an eligi-

1 ble area. A physician may provide patient care services in primary  
 2 care medicine in more than one (1) eligible area;

3 (ii) The physician must be a doctor of medicine or doctor of os-  
 4 teopathic medicine and have completed an accreditation council of  
 5 graduate medical education or American osteopathic association  
 6 residency;

7 (iii) The physician must be Idaho medical board certified/board  
 8 eligible, be eligible for an unrestricted Idaho medical license  
 9 and be able to meet the medical staffing requirements of the spon-  
 10 soring organization when applicable; and

11 (iv) The physician must accept medicare and medicaid patients  
 12 within the capacity of his or her primary care medicine practice.

13 (b) Physicians who have paid the fee authorized in section 33-3723,  
 14 Idaho Code, shall be given a preference over other applicants.

15 (c) A physician shall not be entitled to receive an award under this  
 16 program if the physician is receiving payments for purposes of repaying  
 17 qualified medical education debt from another state or from a federal  
 18 debt repayment program.

19 SECTION 10. That Section 39-5908, Idaho Code, be, and the same is hereby  
 20 amended to read as follows:

21 39-5908. RURAL HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE APPLICA-  
 22 TIONS REQUIRED. (1) A completed ~~rural health care access~~ grant application  
 23 must be submitted by the applicant for the purpose of requesting a grant or  
 24 contract, on or before the conclusion of the application period specified  
 25 for the appropriate grant cycle. All applications must include the required  
 26 information.

27 (2) ~~Each application~~ The grant application and any attachments submit-  
 28 ted by the applicant shall be the primary source of information for awarding  
 29 a grant. Additionally, the board may request and/or use other information  
 30 known to it in making its decision.

31 (3) All rural health care access applications shall include:

32 (a) Geographical area of need;

33 (b) Individual or entity requesting funds;

34 (c) Narrative description of the methods to be used to address needs  
 35 and demonstrate the potential of the project to improve access to health  
 36 care services in the community;

37 (d) Identification of measurable goals, objectives to be used to reach  
 38 the goals, and the resources necessary to complete each activity;

39 (e) Estimation of how long it will take to accomplish the individual ac-  
 40 tivities of the project;

41 (f) Demonstrated community and organizational support for the project;

42 (g) County or local governmental endorsement;

43 (h) Operating budget including:

44 (i) Proportion of operating budget, if any, the applicant pro-  
 45 poses to match with the rural health care access grant funds;

46 (ii) Documentation of one (1) or more vendor price quotes for all  
 47 proposed equipment purchases;

48 (iii) Contact person for verification of fiscal information;

49 (i) Federal tax identification number; and

1 (j) Other information required by the board.

2 ~~(34) All applications must include the required information~~ All rural  
3 physician incentive applications shall:

4 (a) Be on a form prescribed by the rural health care access and physi-  
5 cian incentive board; and

6 (b) Include a letter of support along with supporting documentation.

7 ~~(4) The grant application and any attachments submitted by the appli-~~  
8 ~~cant shall be the primary source of information for awarding a grant. Addi-~~  
9 ~~tionally, the board may request and/or use other information known to them in~~  
10 ~~making their decision.~~

11 SECTION 11. That Section 39-5909, Idaho Code, be, and the same is hereby  
12 amended to read as follows:

13 39-5909. RURAL HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE GRANT AWARD  
14 SCHEDULE. The board shall conduct the grant process in accordance with the  
15 following schedule:

16 (1) The rural health care access ~~director~~ and physician incentive pro-  
17 gram manager will generate, and make available, a list of areas eligible for  
18 potential grant assistance no later than May 1 prior to the application pe-  
19 riod.

20 (2) The rural health care access ~~director~~ and physician incentive pro-  
21 gram manager shall develop an application form and make guidance available  
22 no later than July 1 which shall initiate the application period prior to the  
23 grant period.

24 (3) The completed application shall be submitted no later than August  
25 30 of the application period.

26 (4) The board shall issue notification to every applicant regarding the  
27 disposition of their grant request by October 30 prior to the grant period.

28 (5) Funds for approved rural health care access grants shall be dis-  
29 bursed during November of that grant period or over the course of the current  
30 grant year as funds become available.

31 (6) Funds for approved rural physician incentive grants shall be dis-  
32 bursed upon completion of six (6) months of service in an eligible area dur-  
33 ing the initial grant period and annually thereafter upon completion of a  
34 twelve (12) month term of service in an eligible area.

35 SECTION 12. That Section 39-5910, Idaho Code, be, and the same is hereby  
36 amended to read as follows:

37 39-5910. RURAL HEALTH CARE ACCESS AND PHYSICIAN INCENTIVE AWARD CRI-  
38 TERIA. ~~The board shall award grants~~ (1) Rural health care access awards shall  
39 be made by the board based on the following weighted criteria:

40 ~~(1a)~~ (1a) Background of bidding organization. The applicant must show ade-  
41 quate experience, knowledge, and qualifications to adequately perform  
42 the scope of work: weight = 10%;

43 ~~(2b)~~ (2b) Community and organizational support. The applicant must demon-  
44 strate community and organizational support for the project: weight =  
45 15%;

46 ~~(3c)~~ (3c) Specificity and clarity of scope of project. The proposal will  
47 be evaluated based on the extent to which the goals and objectives are

1 specific, measurable, and relevant to the purpose of the proposal and  
 2 the activities planned to accomplish those objectives are germane and  
 3 can be sustained beyond the grant time frame. Additionally, there must  
 4 be a demonstrated need for and lack of availability of funds from other  
 5 sources to address the primary health care needs of the defined area of  
 6 service: weight = 35%;

7 (4d) Monitoring and evaluation. The proposal will be evaluated based  
 8 on the extent to which the monitoring and evaluation system will docu-  
 9 ment program or activity progress and measure effectiveness: weight =  
 10 15%;

11 (5e) Budget. The proposal will be evaluated based on the extent to  
 12 which a detailed itemized budget and justification are consistent with  
 13 stated objectives and planned program activities: weight = 25%.

14 (2) Physician incentive awards shall be made by the board based on rank-  
 15 ing and priority of applicants in accordance with the following criteria:

16 (a) (i) Priority selection for physicians who were Idaho resident  
 17 students and were assessed the rural physician incentive fee and  
 18 paid into the fund, followed by physicians who were Idaho res-  
 19 idents prior to completing medical school out of state and who  
 20 did not contribute to the fund, followed by physicians from other  
 21 states who were not Idaho residents;

22 (ii) Demonstrated physician shortage in the eligible area to be  
 23 benefitted;

24 (iii) Demonstrated physician recruiting difficulties in the eli-  
 25 gible area to be benefitted;

26 (iv) Support of the medical community and community leaders in the  
 27 eligible area.

28 (b) In reviewing and weighing criteria, all relevant factors shall be  
 29 considered.

30 (c) If a physician selected for an award of debt payments does not ac-  
 31 cept the award in the manner provided pursuant to the provisions of this  
 32 chapter, then the award shall be awarded to the next eligible applicant  
 33 who has not received an award.

34 (d) The physician is liable for the payments if the physician ceases to  
 35 practice in the eligible area during the contract period.

36 SECTION 13. That Section [39-5911](#), Idaho Code, be, and the same is hereby  
 37 repealed.

38 SECTION 14. That Section 39-5912, Idaho Code, be, and the same is hereby  
 39 amended to read as follows:

40 39-5912. FRAUDULENT INFORMATION ON GRANT APPLICATION. Providing  
 41 false information on any application or document submitted under this  
 42 statute is a misdemeanor and grounds for declaring the applicant ineligible.  
 43 Any and all funds determined to have been acquired on the basis of fraudulent  
 44 information must be returned to the rural health care access ~~fund~~ and physi-  
 45 cian incentive grant program. This section shall not limit other remedies  
 46 which may be available for the filing of false or fraudulent applications.