

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 178

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO HEALTH CARE; AMENDING SECTION 39-5905, IDAHO CODE, TO REVISE THE
2 MAXIMUM AMOUNT OF EDUCATIONAL DEBT REPAYMENTS FOR RURAL PHYSICIANS AND
3 TO PROVIDE THAT THE REVIEW BOARD SHALL MAKE A CERTAIN CONSIDERATION BE-
4 FORE GRANTING AWARDS.
5

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

7 SECTION 1. That Section 39-5905, Idaho Code, be, and the same is hereby
8 amended to read as follows:

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

15 (1) Rural health care access grant awards:

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

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

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

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

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

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

36 (2) Physician incentive grant awards:

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

41 (b) Award amounts shall be established annually based on recommenda-
42 tions of the joint health care access and physician incentive grant re-

1 view board utilizing such factors as availability of funding, the num-
2 ber of new applicants and the hours an award recipient will devote to
3 providing primary care medicine in an eligible area.

4 (c) The award shall not exceed the qualified medical education debt in-
5 curred by the recipient, and the maximum amount of educational debt re-
6 payments that a rural physician may receive shall be ~~fifty~~ one hundred
7 thousand dollars (\$5100,000) over such four (4) year period.

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

10 ~~(e) The total of all awards from the rural physician incentive fund con-~~
11 ~~tractually committed in a year shall not exceed the annual amount de-~~
12 ~~posited in the fund that same year~~ In determining the awards to be made
13 in any given year, the board shall consider the value of retaining an ap-
14 propriate balance in the fund for use in future years.

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

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