



State of Illinois  
Illinois Department of Public Health

---

# Center for Rural Health Annual Report for 2018

March 2019





---

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • [www.dph.illinois.gov](http://www.dph.illinois.gov)

March 1, 2019

Honorable Tim Anderson  
Secretary of the Senate  
401 Capital Building  
Springfield, Illinois 62706

Honorable John Hollman  
Clerk of the House  
402 Capital Building  
Springfield, Illinois 62706

Dear Secretary Anderson and Clerk Hollman:

Pursuant to Section Nine of the Family Practice Residency Act [110 ILCS 935/9], Section 640(d) of the Public Health Powers and Duties Law [20 ILCS 2310/2310-640(d)], Section 25 of the Podiatric Scholarship and Residency Act [110 ILCS 978/25], and Section 35 of the Psychiatry Practice Incentive Act [405 ILCS 100/35], the Illinois Department of Public Health is required to report annually to the General Assembly on the activities and progress made in relation to the grants, educational loan repayment, and scholarship programs associated with these statutes.

Attached is the report for 2018. It contains information and details regarding other programs in the Center for Rural Health, including project descriptions, grant awards, and project status.

Very truly yours,

Ngozi O. Ezike, MD  
Director



**Illinois Department of Public Health  
Center for Rural Health  
Annual Report for 2018 to the General Assembly**

**INTRODUCTION**

The Center for Rural Health (CRH) was formed in 1989, stemming from a recommendation by the Governor's Rural Health Task Force. A center within the Illinois Department of Public Health (IDPH), CRH seeks to enhance the health status of rural and underserved residents by improving access to primary health care and encouraging community involvement in health issues.

The following services are provided by CRH:

- Technical assistance to community organizations and health care providers
- Serves as a clearinghouse for health professionals seeking practice opportunities in rural and underserved areas, and for communities and facilities seeking additional professionals
- Identifies areas, facilities, and population groups that need additional health care providers
- Offers scholarship and loan repayment programs for several professional disciplines
- Receives and distributes information from local, state, and national partners describing both new and ongoing programs, grant opportunities, and research projects
- Participates on boards, task forces, and committees at both the state and national levels that address rural health issues, and shares knowledge in response to requests for assistance
- Administers grant programs to improve the availability of and access to primary care services

**PROGRAMS**

**HOSPITAL CAPITAL INVESTMENT**

Public Act 96-0037 mandated that IDPH establish a hospital capital grant program. Grants can be used to:

1. Renovate buildings to address life/safety code standards
2. Maintain, improve, renovate, expand, or construct buildings
3. Maintain, establish, or improve health information technology and medical equipment
4. Maintain or improve patient safety, quality of care, or access to care

The Act created Safety Net Hospital and Community Hospital grants. Safety Net Hospital grants ranged from \$4.6 million to \$7 million per hospital (total awards could not exceed \$100 million). Community Hospital grants averaged \$350,000 per hospital (total awards could not exceed \$50

million). During state fiscal years (FY) 2012-2014, \$149,354,439 was awarded to hospitals from the Build Illinois Bond Fund.

In 2017, a total of 123 hospitals received grant funding. Twelve grants were awarded to hospitals in Chicago, three to hospitals in Cook County outside of Chicago, 13 to hospitals located in the collar counties (Lake, McHenry, Kane, DuPage, and Will), and 95 to downstate hospitals. Out of the 123 hospitals that received grants, 67 were in rural areas and 56 were in urban areas (see Table One).

<b>TABLE ONE</b>		
<b>Geographic Distribution of Hospital Capital Investment Grants</b>		
<b>Geographic Designation</b>		
<b>Location</b>	<b>Number of Grants</b>	<b>Percent of Total Grants</b>
Chicago	12	10%
Cook County	3	2%
Collar Counties	13	11%
Downstate	95	77%
<b>TOTAL</b>	<b>123</b>	<b>100%</b>
<b>Urban / Rural Designation</b>		
<b>Urban / Rural</b>	<b>Number of Grants</b>	<b>Percent of Total Grants</b>
Urban	56	46%
Rural	67	54%
<b>TOTAL</b>	<b>123</b>	<b>100%</b>

Grants for hospitals in Chicago, Cook County, and the collar counties comprised \$101.8 million, while downstate hospitals accounted for \$47.5 million. Of the grants for hospitals in Chicago and Cook County, \$95.4 million were Safety Net Hospital Grants. Hospitals in urban areas, including urban-downstate facilities, received \$122.8 million, while hospitals in rural areas received \$26.5 million (see Table Two).

<b>TABLE TWO</b>		
<b>Financial Distribution of Hospital Capital Investment Grants</b>		
<b>Location</b>	<b>Amount of Grants</b>	<b>Percent of Total Grant Awards</b>
Chicago	\$81,600,000	55%
Cook County	\$13,800,000	9%
Collar Counties	\$6,448,550	4%
Downstate	\$47,505,889	32%
<b>TOTAL</b>	<b>\$149,354,439</b>	<b>100%</b>
Urban	\$122,818,774	82%
Rural	\$26,535,665	18%
<b>TOTAL</b>	<b>\$149,354,439</b>	<b>100%</b>

IDPH classified projects into four categories: construction/renovation, medical equipment acquisition, information technology, and life/safety code. As seen in Table Three, a majority of grant funds were used for construction/renovation projects or medical equipment acquisition.

<b>TABLE THREE</b>				
<b>Hospital Capital Investment Grants By Project Type</b>				
<b>Type of Project</b>	<b>Grants Funded</b>	<b>Percent of Total Grants</b>	<b>Amount of Grants</b>	<b>Percent of Total Grant Awards</b>
Construction / Renovation	39	32%	\$100,382,353	67%
Medical Equipment Acquisition	56	45%	\$38,399,757	26%
Information Technology	7	6%	\$2,571,743	2%
Life / Safety Code	21	17%	\$8,000,586	5%
<b>TOTAL</b>	<b>123</b>	<b>100%</b>	<b>\$149,354,439</b>	<b>100%</b>

Although grantees were not required to contribute financially or match funds for their grants, many hospitals provided additional money to supplement their projects. Including the grantees' financial contributions, costs for all projects totaled \$265.8 million. Overall, grantees contributed \$116.4 million (44%) toward the projects' costs, while IDPH grants funded \$149.4 million (56%).

All 123 projects are complete and the grants are closed.

### **PODIATRIC SCHOLARSHIP**

The Podiatric Scholarship and Residency Act [110 ILCS 978] was established in 1993 to increase access to podiatric services for Illinois residents. The Act authorizes grants to podiatric medicine residency programs, scholarships to podiatric medical students, and a loan repayment program for podiatric physicians who agree to practice in designated shortage areas.

To date, IDPH has not received funding for podiatric medicine residency grants or loan repayment for podiatric physicians. Funds have been appropriated only for the scholarship program.

Funding for scholarships comes from podiatric physicians' license fees deposited into the Illinois State Podiatric Disciplinary Fund (see Section 19 of the Podiatric Medical Practice Act of 1987 [225 ILCS 110/19]). From the amount deposited into this fund, \$200,000 is appropriated to IDPH for scholarships. Podiatric physicians' licenses are renewed every two years, requiring the \$200,000 appropriation to be divided equally between two program years. Thus, \$100,000 is available each fiscal year. Since FY 94, IDPH has provided \$880,916 in scholarship funds (see Table Five).

To be eligible for a scholarship, an applicant must meet the following criteria:

1. Be an Illinois resident at the time of application;
2. Be studying podiatric medicine in a podiatric medical school in Illinois; or
3. Be accepted for enrollment in a podiatric medical school in Illinois;
4. Exhibit financial need; and
5. Agree to practice in a health professional shortage area as a podiatric physician (one year for each year he or she is a scholarship recipient).

Rosalind Franklin University of Medicine and Science (North Chicago) is the only podiatric medical school in Illinois. To receive a scholarship, an applicant would need to demonstrate that he or she has been accepted to or attends this school.

IDPH utilizes various criteria in the selection of scholarship recipients. First, preference is given to individuals who have received the scholarship previously, provided the recipient:

1. Requests a continuation of scholarship funds;
2. Is enrolled and is in good academic standing at the podiatric medical school;
3. Is not repeating the same year of school due to poor academic performance; and
4. Has not voluntarily withdrawn from podiatric medical school.

If current recipients do not request a continuation of the scholarship or if they graduate, IDPH uses the following criteria to select new recipients:

1. Per Section 5 of the Act, minority students receive preference in the selection of scholarships. A minority student is any person who is: African American, Hispanic, Asian American, Native American, or Alaskan Native.
2. If more than one minority student applies or if no minority students apply, then the selection criteria include:
  - a. Interest in pursuing podiatric medicine;
  - b. Previous experience with medically underserved populations;
  - c. Previous experience in the health care delivery system;
  - d. Academic capabilities;
  - e. Financial need;
  - f. Greater number of years of podiatric medical school remaining;
  - g. Willingness to provide medical care to people in designated shortage areas;
  - h. Greater number of years of residence in Illinois; and
  - i. U.S. citizens or those granted permanent residence in the U.S.

Since FY 94, 14 individuals have received scholarship assistance. Of these recipients, 10 were males and four were females. Seven of the 14 recipients were minorities (see Table Four).

<b>TABLE FOUR</b>	
<b>Podiatric Scholarship Recipients</b>	
<b>Award Distribution By Gender</b>	
<b>FY 1994 - 2019</b>	
<b>Gender</b>	<b>Number of Recipients</b>
Male	10
Female	4
<b>TOTAL</b>	<b>14</b>
<b>Award Distribution by Ethnicity</b>	
<b>FY 1994 - 2019</b>	
<b>Ethnicity</b>	<b>Number of Recipients</b>
African American	5
Asian American	2
Hispanic	0
Native American / Alaskan Native	0
White (not Hispanic)	7
<b>TOTAL</b>	<b>14</b>

After a recipient graduates from podiatric medical school, completes residency, and becomes licensed in Illinois as a podiatric physician, he or she is required to fulfill a service obligation.

Recipients must work at a medical facility located in a shortage area and provide direct patient care. Recipients must provide one year of service for each year of scholarship assistance received.

Of the 14 recipients since FY 94, seven have fulfilled their service obligation. Two recipients did not fulfill the service obligation (one did not complete podiatric medical school while another did not obtain a podiatric medical license). One recipient will complete the service obligation in June 2020; while another recipient will complete the service obligation in June 2021. IDPH did not award scholarships in FY 16 because no applicants met the selection criteria. Additionally, no scholarship was awarded in FY 17 because no one applied. In FY 18, IDPH selected three recipients. One award provides funds for tuition, fees, and a living stipend. The remaining awards provide partial scholarships (see Table Five).

Recipient	Year(s) of Scholarship Assistance Provided	Total Scholarships Provided	Assistance Provided In FY(s) <sup>(a)</sup>	In Podiatric Medical School	In Podiatric Residency	Fulfilling Service Obligation	Fulfilled Service Obligation	Service Obligation Waived	In Default
1	1	\$16,405	1994				x		
2	2	\$33,978	1995, 1996				x		
3	2	\$35,503	1996, 1997				x		
4	1	\$20,279	1999				x		
5	2	\$20,810	2000, 2001				x		
6 <sup>(b)</sup>	2	\$46,945	2002, 2003					x	
7	2	\$45,254	2003, 2004				x		
8	2	\$51,162	2005, 2006				x		
9 <sup>(c)</sup>	4	\$142,162	2007, 2008, 2009, 2011						x
10	4	\$171,352	2009, 2010, 2011, 2012			x			
11	3	\$97,072	2012, 2014, 2015			x			
12	1	\$124,600	2018, 2019	x					
13 <sup>(d)</sup>	.8	\$37,697	2018, 2019	x					
14 <sup>(d)</sup>	.8	\$37,697	2018, 2019	x					
<b>Totals</b>		<b>\$880,916</b>		<b>3</b>	<b>0</b>	<b>2</b>	<b>7</b>	<b>1</b>	<b>1</b>
a) No award was made in FY 98 as available funds were insufficient to meet the cost of one scholarship. b) Recipient did not complete podiatric medical school. IDPH waived the recipient's service obligation and repayment requirements. c) Recipient was unable to obtain a podiatric medical license and defaulted on the scholarship. IDPH is pursuing repayment from the recipient. d) Received a partial scholarship.									

## PSYCHIATRY PRACTICE INCENTIVE

On January 1, 2011, the Psychiatry Practice Incentive Act [405 ILCS 100] was established. The Act's purpose is to improve access to psychiatric health care services through grants, scholarships, and educational loan repayment to help recruit and retain psychiatrists in shortage areas. The Act includes the following programs:

1. Grants to medical schools to improve psychiatric residency and child and adolescent fellowship programs;
2. Scholarships to students pursuing psychiatry as a medical specialty; and
3. Educational loan repayment for psychiatrists.

Individuals who receive scholarship or loan repayment assistance must: work at a medical facility located in a shortage area, accept medical payments (compensation to physicians for services rendered under Article V of the Illinois Public Aid Code), and serve targeted populations (medically underserved populations, people in medically underserved areas, the uninsured, and

people enrolled in a medical program administered by the Illinois Department of Healthcare and Family Services).

Since the Act's establishment, IDPH has not received funding for these programs.

Grants for Psychiatric Residency and Child and Adolescent Fellowship Programs

If funding is appropriated, IDPH can provide grants to Illinois medical schools to establish or improve psychiatric residency and child and adolescent fellowship programs. Grants must achieve the following:

1. Increase the number of psychiatrists practicing in shortage areas;
2. Increase the percentage of psychiatrists establishing practice in Illinois after residency or fellowship; and
3. Increase the number of accredited psychiatric practice residencies in Illinois.

As seen in Table Six, Illinois has eight medical schools. Of these schools, seven offer a psychiatric residency program. In addition, five offer a child and adolescent fellowship program.

Medical School	Location	Medical Degree		Psychiatry Residency	Child and Adolescent Fellowship
		Allopathic	Osteopathic		
Loyola University	Maywood	X		X	
Midwestern University	Downers Grove		X		
Northwestern University	Chicago	X		X	X
Rosalind Franklin University	North Chicago	X		X	
Rush University	Chicago	X		X	X
Southern Illinois University	Springfield	X		X	X
University of Chicago	Chicago	X		X	X
University of Illinois	Chicago	X		X	X
	Peoria	X		X	
	Rockford	X			
	Urbana-Champaign	X			

Psychiatric Medical Student Scholarships

If funding is appropriated, IDPH can provide scholarship assistance to students who pursue psychiatry. The scholarship would cover tuition, fees, and living expenses for the recipient and could be awarded for up to four years. To receive the scholarship, a recipient must agree to: work full-time as a psychiatrist in a medical facility located in a shortage area (one year for each year of scholarship assistance received), accept medical reimbursement payments, and serve targeted populations (e.g., people in medically underserved areas, uninsured populations, and people enrolled in a medical program administered by the Illinois Department of Healthcare and Family Services).

Educational Loan Repayment

If funding is appropriated, IDPH can provide up to \$25,000 annually to a psychiatrist to assist in the repayment of educational loans used for tuition and other reasonable educational expenses. In exchange for loan repayment assistance, the psychiatrist must: work for at least three years at a medical facility in a shortage area, accept medical reimbursement payments, and serve targeted



populations (e.g., underinsured or uninsured individuals, people living in medically underserved areas, and Medicaid recipients).

### Shortage Areas

Mental health shortage areas are designated by analyzing the availability of mental health providers, assessing demographic characteristics, and identifying the health status of residents. There are three types of mental health shortage designations: geographic, population group, and facility. Based on these requirements, Illinois has 36 geographic area/population groups and 72 facility-based shortage areas (see Table Seven).

<b>TABLE SEVEN</b>	
<b>Mental Health HPSA Geographic, Population and Facility Designations in Illinois</b>	
<b>Mental Health HPSA Type</b>	<b>Number of Designations</b>
Geographic Area / Population Group	36
Facility-Based	
Comprehensive Health Centers	43
Correctional Facilities	10
Rural Health Clinics	17
State Mental Hospital	2

### **FAMILY PRACTICE RESIDENCY**

In 1977, the Family Practice Residency Act [110 ILCS 935] was established to improve primary care services, increase access to those services, and reduce health care disparities. To address these requirements, IDPH is authorized to provide the following:

1. Grants to family practice residency programs;
2. Scholarships for medical students who pursue primary care as a specialty; and
3. Loan repayment options for physicians and other eligible primary care providers who agree to practice in underserved areas of Illinois.

#### Family Practice Residency Grants

If funding is appropriated, IDPH can provide grants to Illinois medical schools to establish or improve family practice residency programs. Grants must achieve the following:

1. Increase the number of family practice physicians in shortage areas;
2. Increase the percentage of obstetricians establishing practice in Illinois upon completion of residency;
3. Increase the number of accredited family practice residencies in Illinois;
4. Increase the percentage of family practice physicians establishing practice in Illinois upon completion of residency; and
5. Provide funds for the rental of office space, purchase of equipment, and other uses to allow practitioners to locate their practices in communities in shortage areas.

IDPH has not received funding for this program since FY 2003.

## Educational Loan Repayment for Physicians

The Educational Loan Repayment for Physicians program is designed to provide educational loan repayment to physicians and other primary care providers. In exchange for financial assistance, recipients are required to practice in underserved areas of Illinois. This program has never received an appropriation.

## Medical Student Scholarship Program

The Medical Student Scholarship Program (MSSP) provides financial assistance to medical students to offset the costs of tuition, fees, and living expenses. In exchange for scholarship assistance, recipients agree to complete training in a primary care specialty and practice in an underserved area of Illinois.

To apply for the scholarship, an individual must meet the following requirements:

1. Be an Illinois resident;
2. Demonstrate financial need;
3. Be accepted by or enrolled in a medical school in Illinois;
4. Demonstrate good academic standing; and
5. Pursue a primary care specialty (family practice, general internal medicine, general pediatrics, obstetrics/gynecology, or internal medicine/pediatrics).

Before receiving funds, recipients enter into a grant agreement that sets forth the conditions of the scholarship. Failure to meet those terms requires the recipient to reimburse the State of Illinois three times the total amount of the scholarship funds received.

After medical school, most residency programs for primary care specialties require three years for completion. Obstetrics-gynecology and combined internal medicine-pediatrics programs require four years. Within 30 days after completion of training, the recipient must establish a full-time primary care practice, providing direct patient care in a shortage area. Recipients must provide one year of service for each year scholarship funds were received.

Funding for MSSP began in FY 79. However, new participants were added for only two years. Budget reductions prohibited new awards until FY 85. Awards continued through FY 2010, when budget reductions allowed funding for continuing students only. For FYs 2011 – 2019, no funding was appropriated (see Table Eight).

<b>TABLE EIGHT</b>		
<b>Medical Student Scholarship Program</b>		
<b>FY 1979 to 2019</b>		
<b>Fiscal Year</b>	<b>Appropriation</b>	<b>New Scholarships</b>
1979	100,000	13
1980	250,000	12
1981	325,000	17
1982	268,700	0
1983	165,500	0
1984	39,800	0
1985	1,000,000	61
1986	2,000,000	62

**TABLE EIGHT**  
**Medical Student Scholarship Program**  
**FY 1979 to 2019**

Fiscal Year	Appropriation	New Scholarships
1987	2,910,900	60
1988	2,794,500	29
1989	2,300,000	31
1990	2,700,000	59
1991	2,700,000	36
1992	2,619,000	39
1993	2,600,000	33
1994	2,600,000	36
1995	2,675,000	39
1996	2,775,000	22
1997	3,445,000	56
1998	3,445,000	25
1999	3,445,000	31
2000	3,445,000	24
2001	3,445,000	14
2002	2,945,000	19
2003	2,945,000	15
2004	2,695,000	23
2005	2,750,000	10
2006	2,750,000	14
2007	2,750,000	22
2008	2,750,000	14
2009	2,475,000	10
2010 *	1,500,000	0
2011 - 2019	0	0
<b>TOTALS</b>	<b>\$71,608,400</b>	<b>826</b>

\* Budget reductions in FY 10 allowed funding for continuing students only. New scholarships were not awarded.

In FY 19, 12 scholarship recipients were fulfilling their service obligation by providing primary care services in medical facilities in underserved areas. Of these providers, two were practicing in rural locations and 10 were practicing in urban areas. It is estimated that each physician provides primary care services to 1,500 patients per year. The placement of these 12 physicians in underserved areas resulted in increased access to care for 18,000 Illinois residents.

### NURSING EDUCATION SCHOLARSHIP

The Nursing Education Scholarship Program (NESP) is authorized by the Nursing Education Scholarship Law [110 ILCS 975], enacted in 1994. The goal of NESP is to increase the number of nurses working in Illinois. Scholarships are offered as an incentive for individuals to pursue careers in nursing and are used to provide funds to help meet the costs of tuition and living expenses. In 2005, the Law was amended to allow scholarships to recipients pursuing graduate degrees in nursing. In 2009, the Law was amended again to provide scholarships to recipients pursuing graduate degrees in nursing to become nurse educators.

NESP authorizes scholarships for students enrolled in the following programs:

1. Certificate in practical nursing;
2. Associate degree in nursing;
3. Hospital-based diploma in nursing;
4. Baccalaureate degree in nursing; and

5. Graduate degree in nursing (master or doctorate degree).

Funding for NESP is provided from nurse license renewal fees collected by the Illinois Department of Financial and Professional Regulation. The program is administered by IDPH, which awards scholarships and monitors recipients throughout their education and employment obligation periods.

To apply for the scholarship, an individual must:

1. Be an Illinois resident for at least one year prior to applying;
2. Be a U.S. citizen or lawful permanent resident alien;
3. Exhibit financial need;
4. Agree to work as a nurse in Illinois providing direct patient care one year for each year of scholarship assistance received; or
5. Agree to teach students at an approved nursing program in Illinois two years for each year of scholarship assistance received (for nurse educators); and
6. Be admitted, or accepted for admission, to a pre-licensure nursing education program approved by the Illinois Department of Financial and Professional Regulation or a post-licensure nursing education program approved by the Illinois Board of Higher Education.

Scholarships are awarded to recipients at approved institutions for the following duration:

1. One year for a practical nursing program;
2. Two years for associate degree in nursing program;
3. Three years for hospital-based diploma in nursing program;
4. Four years for baccalaureate degree in nursing program;
5. Three years for graduate degree in nursing program to become a nurse educator; and
6. Five years for graduate degree in nursing program.

The Law also requires that scholarships be awarded based on the following distribution:

1. 10% for recipients pursuing a certificate in practical nursing;
2. 30% for recipients pursuing an associate degree or a hospital-based diploma in nursing;
3. 40% for recipients pursuing baccalaureate degrees in nursing; and
4. 20% for recipients pursuing a graduate degree in nursing.

Scholarships are awarded to students who have the greatest financial need, with a grade point average of at least 3.0, and who have the least number of credit hours remaining to complete their nursing degrees.

Before receiving scholarship funds, a recipient must enter into an agreement with IDPH that sets forth the terms of performance during their nursing education and the service obligation that results from the scholarship. Failure to meet these obligations requires the recipient to repay the State the full amount of the scholarship funds received, plus 7% interest.

For FY 1994 and 1995, the program was appropriated \$285,000 each year to provide scholarships. From FYs 1996 through 2001, the program received an annual appropriation of \$315,000. From

FY 2002 through FY 2005, the program received \$750,000 per year. In FY 2006, the appropriation was increased to \$1,200,000 in response to the addition of graduate students. This level of funding remained consistent through FY 2015. In FY 2016, the appropriation was increased to \$2,000,000 annually. Overall, \$25,460,000 has been appropriated to the program, providing scholarships for 2,553 individuals.

Since FY 2005, \$16,817,526 in scholarship funds have been awarded to 1,251 students (see Table Nine). As seen in the table, 48 scholarship recipients do not have this information because it was not in their files. Information prior to FY 2005 is unavailable.

<b>Nursing Certificate, Diploma, or Degree Declared</b>	<b>Number of Recipients</b>	<b>Percentage of Recipients</b>	<b>Amount of Scholarship Funding</b>	<b>Percentage of Scholarship Funding</b>
Certificate in Practical Nursing	178	14.2%	\$1,027,912	6.1%
Associate Degree in Nursing	396	31.7%	\$3,484,016	20.7%
Hospital-Based Diploma in Nursing	23	1.8%	\$313,823	1.9%
Baccalaureate Degree in Nursing	487	38.9%	\$8,407,694	50.0%
Graduate Degree in Nursing includes: <sup>*</sup>				
Master of Science – Advanced Practice Registered Nurse	9	0.7%	\$254,940	1.5%
Master of Science – Nurse Educator	35	2.8%	\$788,482	4.7%
Master of Science – Nurse Practitioner	19	1.5%	\$503,621	3.0%
Master of Science – General Nursing	43	3.4%	\$1,193,970	7.1%
Doctor of Philosophy	6	0.5%	\$291,953	1.7%
Doctor of Nursing Practice	5	0.4%	\$98,640	0.6%
Doctor of Nurse Anesthesia Practice	2	0.2%	\$15,412	0.1%
Unknown	48	3.8%	\$437,063	2.6%
<b>TOTALS</b>	<b>1,251</b>	<b>100.0%</b>	<b>\$16,817,526</b>	<b>100.0%</b>

\* Combining all graduate school recipients, 119 received scholarship assistance totaling \$3,147,018. This is 9.5% of all recipients and 18.7% of all funding.

The Law states that recipients who receive scholarships must graduate from nursing school, become licensed as a nurse in Illinois, and fulfill the nurse employment service obligation. This obligation requires recipients to work as a nurse in a medical facility in Illinois providing direct patient care. For these recipients, the obligation is one year of nursing employment for each year of scholarship assistance received. Recipients who received scholarships to become nurse educators must fulfill a nurse educator service obligation. The service obligation requires these recipients to be employed by a school (approved by the Illinois Department of Financial and Professional Regulation or the Illinois Board of Higher Education) and educating registered nursing students, licensed practical nursing students, or registered nurses pursuing graduate degrees in nursing. For these recipients, the service obligation is two years for each year of scholarship assistance received.

As seen in Table Ten, 747 recipients graduated, became licensed, and fulfilled their service obligation since 2005. Eleven recipients defaulted on their scholarships and IDPH pursued collections. Despite extensive collection activities, these scholarships were deemed uncollectible by the Illinois Attorney General. An additional 23 recipients defaulted on the scholarship but repaid all funds in full. The table also shows that four recipients are permanently disabled. The scholarship law states that recipients deemed permanently disabled are not required to fulfill the service obligation nor repay scholarship funds. Two recipients are deemed temporarily disabled. These individuals have a physical or mental health disability that temporarily prevents them from fulfilling the service obligation. This designation can only last up to 12 months and then the

recipients must begin fulfilling the service obligation. Moreover, 72 recipients are currently working as nurses fulfilling their service obligation and an additional 62 recipients have graduated from school and are seeking employment. These recipients must begin fulfilling the service obligation within 12 months of graduation. Currently, 106 recipients are enrolled in school and 59 recipients withdrew from school prior to completing their studies. These recipients withdrew before any scholarship funds were issued.

Presently, there are 165 recipients that are in collections. These individuals defaulted on the scholarship because they did not complete one of the following: 1) graduating from nursing school, 2) becoming licensed as a nurse in Illinois, or 3) fulfilling the service obligation. These individuals have entered into repayment contracts with IDPH. The scholarship law gives recipients six years to repay IDPH all of the scholarship funds received.

<b>Recipients' Status</b>	<b>Number of Recipients</b>	<b>Percentage of Recipients</b>	<b>Amount of Scholarship Funding</b>	<b>Percentage of Scholarship Funding</b>
Closed – Fulfilled Service Obligation	747	59.7%	\$10,561,419	62.8%
Closed – Scholarship Funds Uncollectable	11	0.9%	\$68,130	0.4%
Closed – Repaid Scholarship Funds	23	1.8%	\$132,100	0.8%
Permanently Disabled	4	0.3%	\$34,963	0.2%
Temporarily Disabled	2	0.2%	\$35,077	0.2%
Employed – Working to Fulfill Obligation	72	5.8%	\$1,793,885	10.7%
Graduated – Seeking Employment to Fulfill Obligation	62	5.0%	\$955,129	5.7%
In Collections	165	13.2%	\$2,002,478	11.9%
In Nursing School	106	8.5%	\$1,234,345	7.3%
Withdrew – Dropped Out of Nursing School	59	4.7%	\$0	0.0%
<b>TOTALS</b>	<b>1,251</b>	<b>100.0%</b>	<b>\$16,817,526</b>	<b>100.0%</b>

### **J-1 VISA WAIVER**

J-1 Physicians are doctors from other countries who receive a J-1 visa to further their medical education in the U.S. The visa allows holders to remain in the U.S. until their studies are complete. At the end of their studies they must return to their home country for two years before applying for employment authorization in the U.S. A J-1 Visa Waiver waives the two-year home residency requirement and allows a physician to stay in the U.S. to practice at a medical facility located in a shortage area.

State health departments recommend waivers to the U.S. Department of State. States can make a maximum of 30 waiver recommendations per year. Physicians who receive a waiver must work at a medical facility located in a shortage area for at least three years. Thus, 90 physicians are actively participating in the program at any given time.

The waiver program was created in 1994 through an amendment to the Immigration and Nationality Act. At that time, a state department of public health could recommend 20 waivers per year. In 2002, the statute was amended to allow 30 waivers per state per year. Since 2003, Illinois has had 473 physicians participate in the waiver program (data from 1994 – 2002 is unavailable).

Between 2011 and 2018, IDPH made 237 waiver recommendations. Of this number, 118 physicians were primary care, 96 were specialists and 23 were psychiatrists. Also, 187 practiced

at medical facilities in urban shortage areas, while 50 practiced at medical facilities in rural shortage areas. In addition, physicians worked at the following facilities: 148 at hospitals, 72 at medical clinics, 16 at federally qualified health centers, and one at a medical facility operated by the State of Illinois. During this time, these physicians had 2,103,167 patient encounters. Table Eleven displays this information.

<b>TABLE ELEVEN</b> <b>J-1 Waiver Physicians</b> <b>Patient Encounters by Payer Type</b> <b>2011 - 2018</b>													
Medicare		Medicaid		Sliding Fee		Unable to Pay		Private Insurance		Self-Pay		Total	
Encounters	%	Encounters	%	Encounters	%	Encounters	%	Encounters	%	Encounters	%	Encounters	%
694,773	33%	747,270	36%	58,276	3%	40,521	2%	526,310	25%	36,017	2%	2,103,167	100%

### STATE LOAN REPAYMENT PROGRAM

CRH has served as the federal State Loan Repayment Program (SLRP) grantee in Illinois since 1996. The purpose of SLRP is to make grants to states to assist them in operating their own educational loan repayment programs for primary care providers working in shortage areas. The goal of the program is to strengthen the workforce by recruiting and retaining high quality health care professionals to practice in rural and urban shortage areas. SLRP requires a 1:1 non-federal match for each dollar received from the federal government. In 2018, Illinois received \$850,000 in federal funds for SLRP. The required non-federal match comes from the Tobacco Settlement Funds (TSF) money received by the State of Illinois annually. The \$1.7 million appropriation was completely expended in 2018. Illinois expects to receive TSF funding through 2024 per the master tobacco settlement.

Program funds are used to repay educational loans of primary care physicians of allopathic or osteopathic medicine, dentists, psychiatrists, primary care physician assistants, primary care nurse practitioners, and certified nurse midwives who agree to practice in shortage areas at public or non-profit private entities providing primary care health services in Illinois (see Table Twelve for data on SLRP awards during 2018).

<b>TABLE TWELVE</b> <b>State Loan Repayment Program</b> <b>Awards for 2018</b>		
<b>Awards By Urban / Rural Designation</b>		
Rural SLRP Awards	Urban SLRP Awards	Total SLRP Awards
38	26	64
<b>Awards By Specialty</b>		
Specialty	Number of Recipients	
Advanced Practice Nurse	24	
Physician Assistant	10	
Physician	17	
Dentist	12	
Certified Nurse Midwife	1	
<b>TOTALS</b>	<b>64</b>	

Printed by Authority of the State of Illinois  
P.O. #2719017 8 3/19