Background
We greatly appreciate the continued support of the General Assembly and administration for the Primary Health Care Loan Forgiveness Program (PHCLP) (formerly known as the Primary Health Care Practitioner -- PHCP line item in past budgets), which supports several worthwhile programs in the Department of Health (DOH) to recruit and retain clinicians in Pennsylvania. The proposed 2019-20 budget seeks to continue the budgetary decision to transfer $4.5 million in funds from the Pennsylvania Higher Education Assistance Agency (PHEAA) to DOH. This level funding from the previous 3 approved budgets for the PHCLP is essential to continue the services provided by DOH’s Pennsylvania Primary Care Loan Repayment Program (LRP), the Pennsylvania Primary Care Career Center (Career Center), the Area Health Education Centers (AHEC), the Pennsylvania Office of Rural Health, the Pennsylvania Academy of Family Physicians (PAFP) and the Bridging the Gaps program (community health internship program with several schools participating).

These organizations collaborate to offer services through this program to address the significant primary care provider shortage in the commonwealth. The PHCLP is proven to be effective in recruiting and retaining medical, dental and behavioral health professionals in the state and improving access to care, especially for vulnerable populations in rural and urban shortage areas.

Two programs within this line item are particularly worth highlighting: the LRP and Career Center. Both are essential tools in recruiting and retaining primary care providers. The LRP’s annual funding of $2 million enables DOH to fund loan repayment for approximately 40 primary care providers. DOH has been effective in targeting these resources to rural and urban communities of greatest need. In the past five years the Career Center has placed 60 primary care clinicians and executive leaders in Community Health Centers and other safety-net organizations serving underserved communities across Pennsylvania. Filling these positions is critical not only to improving the health of the populations served, but also to the economic vitality of the communities where they reside.

Policy Considerations
- The U.S. Health Resources and Services Administration (HRSA) has found that an FQHC physician averages 3,300 patient visits per year and dentists, nurse practitioners and physician assistants 2,700 patient visits per year, which reflects a high return on investment toward increased access to care.
- According to 2016 research by the National Center for Rural Health Works, a rural primary care physician practicing in a community with a local hospital creates an estimated 26.3 jobs and nearly $1.34 million in income for the community.
- An increase of one primary care physician per 10,000 population in one state increased the quality rank by more than 10 places and decreased Medicare spending by $684 per recipient. The Primary Care Crisis and Health Care Reform, Journal of Health Care for the Poor and Underserved 20 (2009): 944–950
- DOH successfully leverages these programs and maximizes return on investment because of its public-health-needs knowledge and skill in programming to address high needs areas and issues.
- The positive trends and outcomes of this program are projected to grow if they are able to continue administering the program as a public health initiative.

Legislative Action
Continue to provide level funding for the Primary Health Care Loan Forgiveness Program (PHCLP) in the Department of Health by transferring funds from PHEAA. In the future, we strongly recommend consideration be given to increase funding for this program to better respond to primary care provider shortages.