



HEALTH CARE
AUTHORITY



PRIMARY CARE COUNCIL QUARTERLY MEETING

FEBRUARY 27, 2025

ELISA WREDE, STRATEGIC PLANNING DIRECTOR, OFFICE OF THE SECRETARY

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



*A cloudy morning looking over Santa Cruz Lake.
Photo taken by HCA employee Jessica Gomez*





HEALTH CARE
AUTHORITY

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



BUILD the best team in state government by supporting employees' continuous growth and wellness.



ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

NEW MEXICO PRIMARY CARE COUNCIL

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

Health Equity



Develop and drive investments in health equity to improve the health of New Mexicans.

Health Technology



Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

GOALS



Payment Strategies

Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.



Workforce Sustainability

Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

WELCOME

ELISA WREDE, STRATEGIC PLANNING DIRECTOR, OOS

Investing for tomorrow, delivering today.

AGENDA

Time	Agenda Item	Facilitator	Desired Outcomes
2:00	Welcome and Introductions	Elisa Wrede, <i>Strategic Planning Director, OOS</i>	Frame meeting and objectives, review agenda, and establish quorum.
2:05	Opening Remarks	Jennifer Phillips, M.D., <i>PCC Chair</i>	
2:10	Primary Care Council Housekeeping - Proposed year calendar (HB67)	Elisa Wrede, <i>Strategic Planning Director, OOS</i> Yvette Ammerman, <i>CEO, NM Primary Care Association, PCC Member</i>	Members are informed about Council activities and developments and have access to timely insights on current events impacting primary care.
2:15	Refocusing the PCC - Leadership Update o Chairperson Nominations - Voting on updating the Mission & Goals	Elisa Wrede, <i>Strategic Planning Director, OOS</i>	The Council establishes a clear direction for the future to ensure alignment with its purpose and priorities.
2:25	Legislative Session Updates	Elisa Wrede, <i>Strategic Planning Director, OOS</i>	Shared understanding of legislation affecting Primary Care.
3:10	Primary Care Payment Reform: 3:10 Brief update (Josh) 3:15 Stakeholder workgroup (Val) 3:20 Feedback from PCC on agendas (HMA) 3:50 SBIRT (Elisa)	Josh Nelson, <i>Strategic Operations Manager, MAD</i> Val Wangler, <i>Executive Director, Gallup Community Health, PCC Member</i> HMA Elisa Wrede, <i>Strategic Planning Director, OOS</i>	Shared understanding of ongoing primary care payment reform efforts. Feedback is collected on upcoming agendas.
4:00	Primary Care Communication Hub	Jeff Lara, <i>Deputy Center Director, DOH</i> Alyssa Luisi, <i>Project Manager/Data Analyst, DOH</i>	Council members have a shared understanding of and have provided feedback on the Communications Hub.
4:20	Primary Care Council Next Steps & Closing Comments	Elisa Wrede, <i>Strategic Planning Director, OOS</i> Jennifer Phillips, M.D., <i>PCC Chair</i>	
4:30	Adjourn		



NORMS FOR TODAY'S MEETING

- Today's meeting is intended for core members of the PCC.
- Core members should raise a hand using zoom to make a comment/ask a question.
- Take breaks when needed.
- Revolutionize, revolutionize, revolutionize!

PCC Members:

- Please use the raise your hand function on zoom and ask questions in the chat.

Public comment:

- Please use the chat space in Zoom.



OPENING COMMENTS



Jen Phillips, M.D.
PCC Chair



PCC HOUSEKEEPING

ELISA WREDE, STRATEGIC PLANNING DIRECTOR, OOS

FEDERAL ENVIRONMENT

“Our priority is protecting New Mexicans’ access to health care. The Health Care Authority will do everything in its power to safeguard access while New Mexico Medicaid evaluates how federal proposals could affect state funding and enrollment.

Any changes that reduce federal Medicaid funding will require HCA to analyze program effects, review the budget, and, if needed, request supplemental legislative funding to maintain eligibility and coverage.”

- Kari Armijo, Cabinet Secretary, Health Care Authority



Primary Care Council Annual Strategic Planning Cycle



LEADERSHIP UPDATE

We're taking nominations for Chairperson. If you'd like to nominate yourself or someone else, please complete the form here:

<https://woobox.com/apmj6f>

Nominations are due **Thursday, March 13, 2025**

Chairperson Duties

- **Preside over quarterly meetings** in partnership with HCA. Provide opening and closing comments, ensure meetings are conducted efficiently, fairly, and in accordance with bylaws.
- **Set meeting agendas** in partnership with the PCC Steering Committee and HCA.
- **Ensure compliance** that council decisions align with bylaws in coordination with HCA.
- **Facilitate decision making** in coordination with HCA to achieve consensus and informed decisions.
- **Support council members** in partnership with HCA by encouraging participation and providing guidance.
- **Additional duties may be assigned as the Bylaws are formed.**



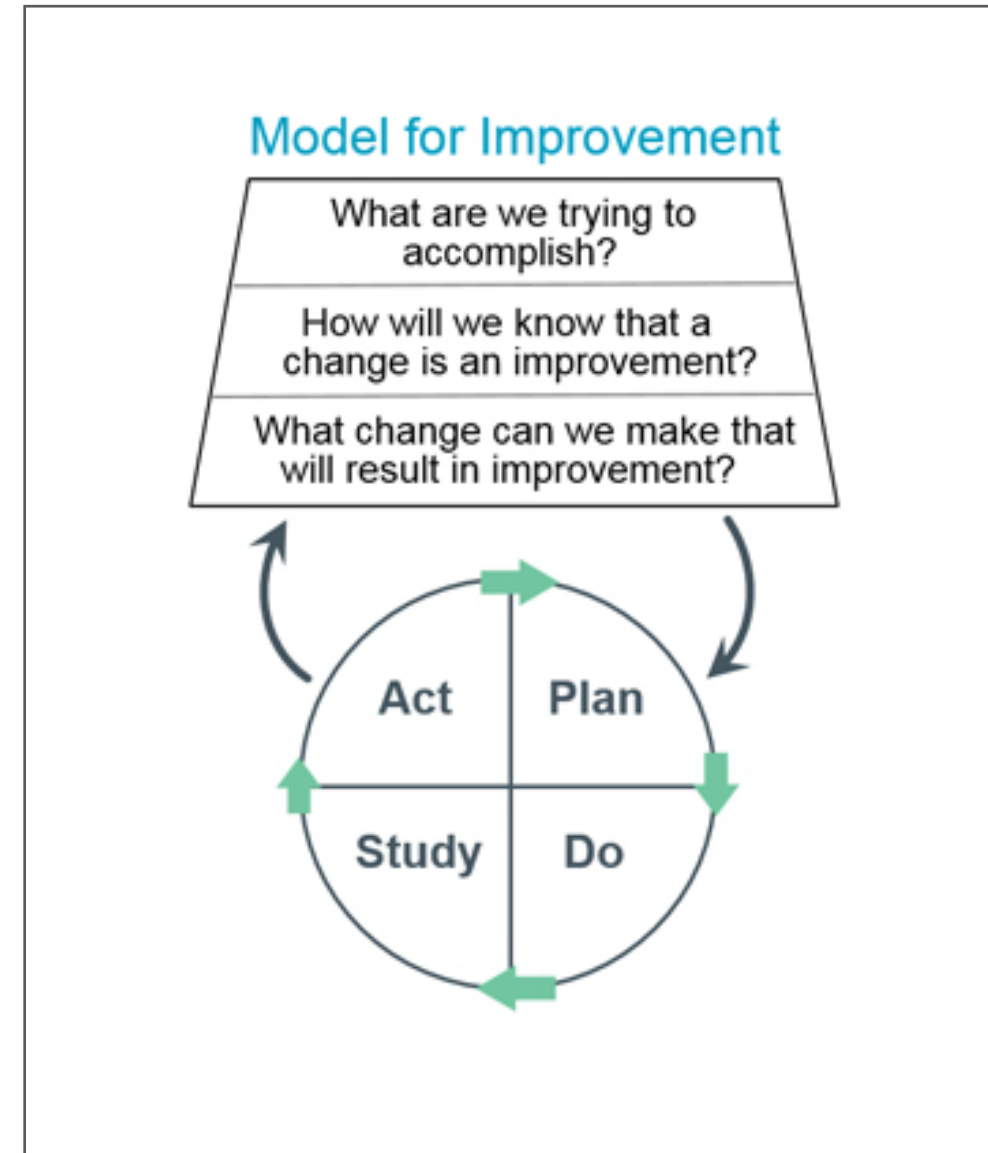
UPDATING THE MISSION AND GOALS / ESTABLISHING BYLAWS

HCA is drafting bylaws for the PCC

- Path for bylaw approval:
 1. Draft is sent to the PCC Steering Committee for review and edits.
 2. Final draft is sent to PCC members for feedback.
 3. Final draft with feedback is sent to HCA leadership for final review.
 4. HCA leadership and PCC Chairperson provide final approval and sign the document.

PCC Mission, Vision, & Goals were established in 2021

PCC FEEDBACK: *Please complete the poll on making revisions.*



2025 Regular Session Dates

- 1/21 – Opening Day (noon)
- 2/20 – Deadline for bill introductions
- 3/22 – Session Ends
- 4/11 – Bill signing Deadline. Legislation not acted upon by governor is pocket vetoed
- 6/20 – Effective date of legislation not a general appropriation bill or bill without an emergency clause or other specified date

Current Statistics for All Bills (2025 Reg)	Total	Ratio
Bills Introduced	1190	100.00%
Bills Passed in 1st House	63	5.29%
Bills Passed in 2nd House	4	0.34%
Bills Sent to Governor	4	0.34%
Bills Signed into Law	1	0.08%



2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Workforce Recruitment & Expansion Initiatives

- HB15 – Health Care Strategic Recruitment Program
- HB393 – Recruit & Retain Health Providers
- HB579 – NM Resident Physician Recruitment Program
- SB172 – Immigrant Health Care Workforce Development Act

Financial Incentives for Rural Health Providers

- HB52 – Rural Health Care Tax Credit Eligibility
- HB226 – Increase Rural Health Care Tax Credit
- HB395 – Health Care Preceptor Tax Credit
- SB296 – Physician Income Tax Credit and Refund
- SB298 – Ten-Year Tax Exemption for Health Care Practitioners

Credentialing & Health Care Access

- HB214 – Doula Credentialing and Access Act
- HB242 – Psychology Interjurisdictional Act
- HB243 – Interstate Medical Licensure
- HB413 – Physician Assistant Licensure Compact
- HB441 – Dentist & Dental Hygienist Compact
- SB46 – Interstate Medical Licensure Compact

Educational & Training Support

- HB375 – Graduate Behavioral Health Scholarship Act
- HB397 – Behavioral Health Student Stipends
- HB531 – Santa Fe College of Osteopathic Medicine Fund
- SB380 – Physician Graduate Medical Education Trust Fund
- SB427 – New Physician Residency Programs

Loan Repayment & Debt Assistance

- SB411 – Physician Loan Repayment Act
- HB512 – Medical Residency Loan Repayment Act

Telehealth

- SB12 – Out-of-State Telehealth Providers
- SB252 – Social Workers Provide Telehealth



2025 LEGISLATIVE SESSION

We want to hear from you:

- Which legislation are you watching as a stakeholder?
- Which legislation are you excited about?
- Which legislation is concerning for you?



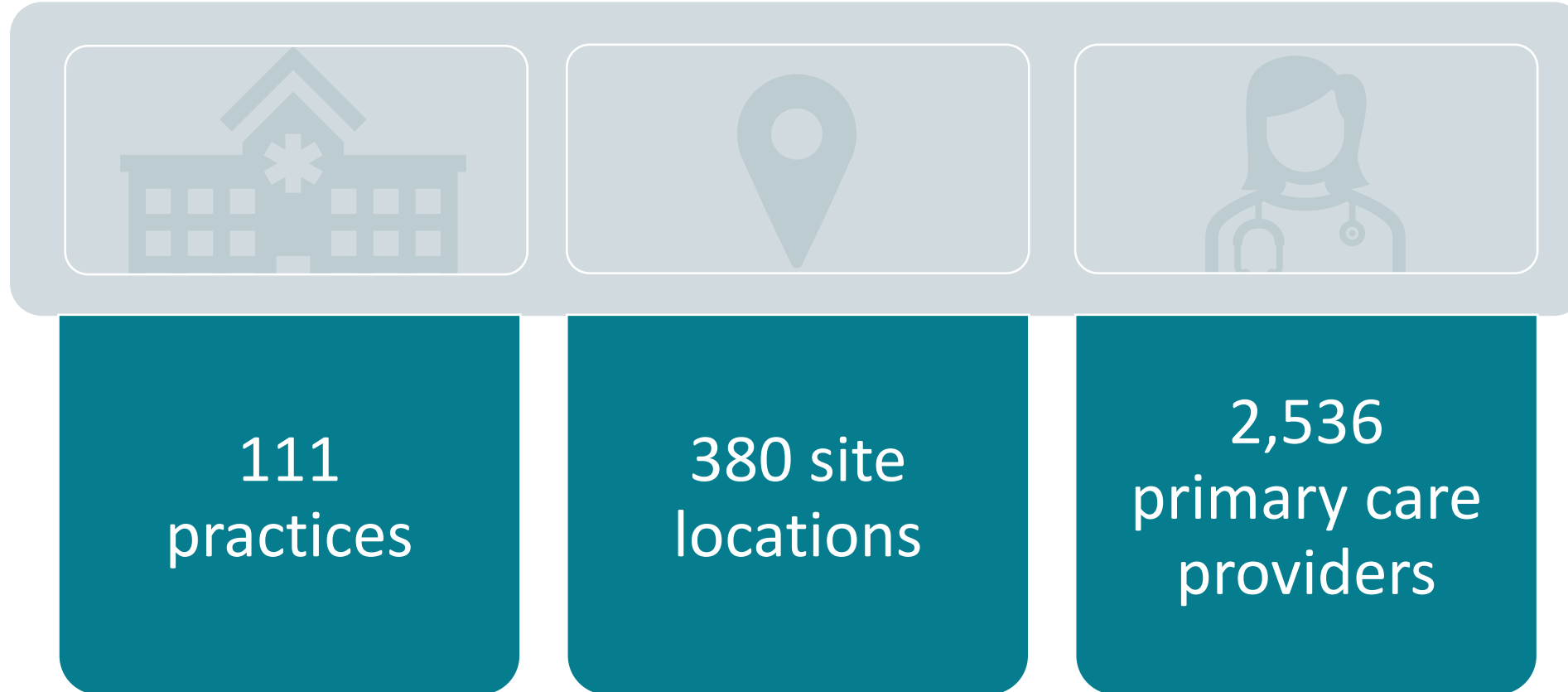
PRIMARY CARE PAYMENT REFORM UPDATE

JOSH NELSON, STRATEGIC OPERATIONS MANAGER, MAD

Investing for tomorrow, delivering today.

PCPR VBP PROGRAM REGISTRATION AS OF 2/26/25

Note: Registration validation is ongoing, and numbers are subject to change.



PCPR VBP Program registration remains open. ***Encourage your colleagues to register!***



PCPR VBP PROGRAM RECENT ACTIVITIES AND WHAT'S NEXT

HMA and Life Link Training Institute co-facilitated an SBIRT webinar on 2/13

- Excellent attendance (~70 people) and engaging discussion, many questions answered

HCA and HMA are hosting in-person workshops in Las Cruces (4/1), Albuquerque (4/2) and Santa Fe (4/3). Agenda highlights:

- Panel discussion with SBIRT early adopters and Life Link Training Institute
- World Café discussions about patient experience of care, third next available appointment, and quality improvement
- Breakout groups about Tiers 2 and 3 and the benefits to providers in each

Tiers 2 and 3 launch on 1/1/26. Planning group meets biweekly. Planned activity areas include attribution, Tier selection and enrollment processes, and quality measure rollout.

Ongoing claims data analysis to refine and improve the Program in a data-driven way (e.g., validate registrations, examine historical quality performance, examine registration progress)

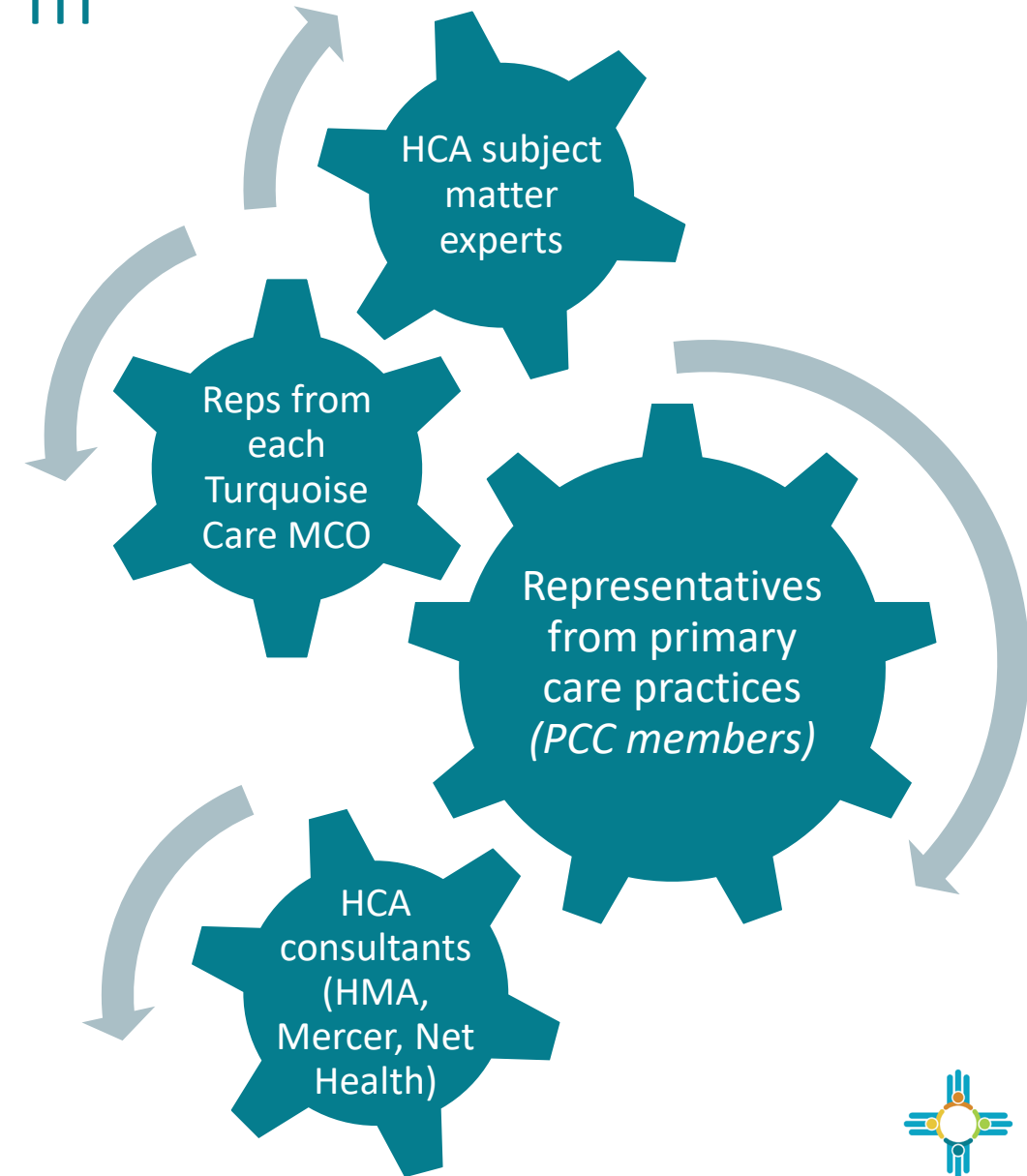
Initial analysis shows opportunity for growth in Program enrollment. Project team is developing a strategy to encourage registration.



PCPR VBP PROGRAM STAKEHOLDER WORKGROUP

PURPOSE, OBJECTIVE, MEMBERSHIP

- **Purpose:** Provide expert input from key stakeholders in New Mexico regarding implementing the Primary Care Payment Reform Value-Based Payment (PCPR VBP) Program to inform decision-making by the Health Care Authority (HCA).
- **Objective:** Collaborate to develop consensus recommendations for HCA on implementation decision points to maximize the quality and efficiency of operations, while minimizing provider burden and ensuring seamless care for Medicaid beneficiaries.
- First two meetings:
 - 1/31: Workgroup overview and attribution discussion
 - 2/26: Ratify charter and engagement discussion



UPCOMING DATES AND HOW TO JOIN

- Stakeholder Workgroup meets the last Wednesday of every month from 11:00-11:50am. Members are expected to attend monthly or send a delegate.
- Attendance is virtual or in-person (HCA, 1474 Rodeo Rd., Santa Fe).
- PCC members are welcome to join the Stakeholder Workgroup. *If you are interested in providing input on Program implementation and management, this is the place!*
- To join, email Josh (joshua.nelson@hca.nm.gov) and Margot (mswift@healthmanagement.com).



PLANNED UPCOMING TOPICS

Note: Topics are subject to change as Program needs change or if urgent issues arise.

- Planned agenda for next meeting on March 26th:
 - Revisit engagement discussion
 - Discuss PCPR VBP Program process document
- Going forward, Workgroup input may be requested on topics that include but are not limited to:
 - Quality measure specifications
 - Data collection and reporting processes
 - Performance measurement and monitoring
 - Alignment with other value-based programs
 - Communications to the provider community
 - Communications to Medicaid beneficiaries and the broader public
- **What feedback do you have on these topic areas? Are there other areas in which the Stakeholder Workgroup should provide feedback?**



SBIRT DISCUSSION

RESPONDING TO SBIRT FEEDBACK

SBIRT is
outside the
scope of
primary care

- Substance use and mental health are two of the top public health challenges and require meeting patients' needs in new ways.
- SBIRT is *designed* to be done by providers who don't specialize in behavioral health and is not a highly specialized process.
- Integrating behavioral health and primary care is a culture change – this is the direction the administration, legislation, funding, and CMS are all heading. SBIRT allows mental health and substance use to become routine parts of primary care.

Training
requirements
are burdensome

- HCA is evaluating the SBIRT training to respond to concerns we've heard about the length, content, and requirements of the trainings.
 - The Motivational Interviewing training is optional for providers (physicians, NPs, and PAs). We would encourage anyone who wants or is new to this type of intervention to attend. (This is the 2-day training.)





New Mexico Health Communications Hub

Public Health Division, NMDOH

2/27/2025

Hub Project Goals

- To create an online space for **primary care and behavioral health care providers***, and **public health officials** to connect and support one another in their shared goal of promoting good health and wellness for all New Mexicans.
- To **build community** among health care providers and public health professionals, as well as **enhance our collective ability to prevent and respond to health emergencies**, and to share experiences, best practices, guidelines, and protocols.

*Including physicians, other licensed professionals, paraprofessionals, and other frontline health workers

Project Origins

Initial concept introduced by Dr. Anjali Taneja, collaborated with Dr. Laura Parajon

Context

COVID-19 pandemic:

- Recognized the need for easy, continuous communication and coordination among frontline health workers and with state DOH
- Saw an opportunity to address isolation and disconnection among providers as they face health emergencies and ongoing systemic challenges

Project Timeline

Project supported by 1-year SAMHSA grant



- Focus Groups
- Online survey



We are Here

- Based on focus group input and survey results

- Improve on initial set up and co-de

Provider Focus Groups

- **6 total groups:** 5 regional groups and 1 group of medical students. Each group will meet **virtually** over Teams for **60 minutes**.

We are hoping to include:

- Primary care providers, licensed professionals, paraprofessionals, or other frontline health workers primarily practicing in New Mexico, including physicians, nurse practitioners, nurses, physician assistants, midwives, or Community Health Workers in the areas of Family Medicine, General Internal Medicine, Obstetrics and Gynecology, Pediatrics, or Geriatrics.

Provider Focus Groups

As well as:

- Behavioral care providers, licensed professionals, paraprofessionals, or other frontline health workers or health system navigators primarily practicing in New Mexico, including psychologists, psychiatrists, licensed social workers, nurses and nurse practitioners, licensed professional counselors or marriage and family therapists, mental health or substance use counselors, or Community Health Workers.

Groups will discuss:

- Providers' priorities and proposed uses for the Hub, potential challenges and ways to address them

Next Steps

- Sending out an interest form that associations can share with their members by email
- We will follow up with those who express interest and invite them to join a focus group

Subsequent steps:

- Online survey
- Pilot feedback sessions

Thank you!!

Please reach out to us with any questions:

Jeff Lara

jeffrey.lara@doh.nm.gov

Alyssa Luisi

alyssa.luisi@doh.nm.gov

PRIMARY CARE COUNCIL NEXT STEPS

WORKGROUP DISCUSSIONS

- EQUITY DATA WORKGROUP
- PAYMENT MODEL WORKGROUP
- WORKFORCE WORKGROUP
- EQUITY WORKGROUP

NEXT MEETINGS

- APRIL 10TH, 2025: 10 AM – 1 PM
- JULY 10TH, 2025: 10 AM – 1 PM
- OCTOBER 9TH, 2025: 10 AM – 1 PM

BYLAWS ESTABLISHMENT

MEMBERSHIP CONSIDERATION

CHAIRPERSON ROTATION

Investing for tomorrow, delivering today.



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QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

APPENDIX

2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Bill Number	Title	Description
HB15	Health Care Strategic Recruitment Program	House Bill 15 (HB15) appropriates \$2 million from the general fund to the Workforce Solutions Department (WSD) for the purpose of creating a healthcare strategic recruitment program to address healthcare shortage areas. WSD, in conjunction with the Health Care Authority (HCA), Department of Health (DOH) and Higher Education Department (HED), shall promulgate rules to enumerate the healthcare professions and allied health practices that shall be targeted in the program.
HB52	Rural Health Care Tax Credit Eligibility	House Bill 52 (HB52) adds the following practitioners to be eligible for the \$3,000 rural healthcare practitioner tax credit: Licensed practical nurses, Emergency medical technicians, Paramedics, Speech-language pathologists, Occupational therapists, and Chiropractic physicians. This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, or June 20, 2025, if enacted.
HB214	Doula Credentialing and Access Act	House Bill 214 (HB214) creates the Doula Credentialing and Access Act. This act mandates that the Department of Health (DOH) establish a voluntary credentialing process for doulas, enabling them to enroll as Medicaid providers. It also calls for the formation of a Doula Credentialing Advisory Council and requires hospitals and freestanding birth centers to develop policies allowing doulas to accompany patients during specific services. Additionally, the bill creates a Doula Fund to support these initiatives.
HB226	Increase Rural Health Care Tax Credit	House Bill 226 (HB226) triples the value of the rural healthcare practitioner tax credit, increasing the credit from \$5,000 to \$15 thousand for physicians, dentists, psychologists, podiatric physicians, and optometrists and from \$3,000 to \$9,000 for many other types of medical practitioners practicing in rural areas. This bill does not contain an effective date and, as a result, would go into effect 90 days after the Legislature adjourns, or June 20, 2025, if enacted. The legislation applies to tax years beginning 2025.

2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Bill Number	Title	Description
HB242	Psychology Interjurisdictional Act	House Bill 242 (HB242) enacts the Psychology Interjurisdictional Compact (PSYPACT), which is already in place in multiple states across the U.S. The compact standardizes the process for licensed psychologists to provide telepsychology services and temporary in-person psychological care across member states without requiring separate licenses in each jurisdiction.
HB243	Interstate Medical Licensure Compact	House Bill 243 (HB243) enacts the Interstate Medical Licensure Compact in New Mexico, allowing physicians to apply for an expedited medical license in multiple states that are members of the compact. This bill streamlines the licensing process for physicians by providing a centralized and standardized application process, enhancing healthcare accessibility across state lines.
HB375	Graduate Behavioral Health Scholarship Act	House Bill 375 (HB375) creates a new scholarship to pay tuition and fees for full-time graduate students studying to become behavioral health professionals in the fields of counseling, psychiatric nursing, nurse practitioner or physician assistant in addiction medicine, psychology, and social work. HB375 creates the graduate behavioral health scholarship fund and appropriates \$10 million to create and administer the program.
HB393	Recruit & Retain Health Providers	House Bill 393 (HB393) appropriates \$5 million from the general fund in fiscal years 2026 and 2027 to the Department of Health (DOH) for Health Service Corps to support the recruitment and retention of health care providers who treat rural or underserved populations or patients of Federally Qualified Health Centers (FQHCs). No more than \$200 thousand may be expended on administrative costs.
HB395	Health Care Preceptor Tax Credit	House Bill 395 (HB395) provides a \$1,000 personal income tax credit for licensed healthcare professionals on staff at a New Mexico college or university who mentor or function as preceptor to graduate students studying to become healthcare professionals. These mentorships must exceed four weeks in duration and must be unpaid.

2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Bill Number	Title	Description
HB397	Behavioral Health Student Stipends	House Bill 397 (HB397) appropriates \$2 million from the general fund to the Higher Education Department (HED) to provide monetary stipends to undergraduate and graduate behavioral health students completing training, supervision, or experiential requirements necessary to obtain professional licensure.
HB413	Physician Assistant Licensure Compact	House Bill 413 (HB413) enters New Mexico into the Physician Assistant Licensure Compact (PA compact), facilitating the ability of physician assistants (PA) to practice in states participating in the PA compact aside from their home license state through a compact license. PAs using a compact license must adhere to the laws and regulations of the state in which they are practicing. In order to participate in the PA compact, a state must include a criminal background check in its PA licensing process.
HB441	Dentist & Dental Hygienist Act	House Bill 441 (HB441) enters New Mexico in the Dentist and Dental Hygienist Interstate Compact to allow out-of-state, compact-licensed dentists and dental hygienists (“dental professionals”) to practice in New Mexico and similarly allows New Mexico dental professionals to practice in other participating states. The compact streamlines the process to practice across state lines, while ensuring public safety through cooperative state regulations.
HB512	Medical Residency Loan Repayment Act	(Related to 2025 SB380) Creates the Medical Residency Loan Repayment Act to grant loan repayment awards to certain medical residents and medical fellows who agree to work as physicians in the state for five years; providing for contracts; creating the Medical Residency Loan Repayment Fund; appropriating \$3.0 million (GF, nonreverting) to the fund administered by the Higher Education Department.



2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Bill Number	Title	Description
HB531	Santa Fe College of Osteopathic Medicine Fund	House Bill 531 (HB531) creates an unencumbered Santa Fe College of Osteopathic Medicine escrow fund. The bill transfers \$40 million from the tobacco settlement permanent fund to the escrow fund to be held until the graduation of the first class of medical students and the full accreditation of the college, or no later than July 1, 2032, then the balance of the fund must be transferred back to the tobacco settlement permanent fund.
HB579	NM Resident Physician Recruitment Program	House Bill 579 (HB579) establishes a New Mexico resident physician recruitment program at UNM. The bill appropriates \$1.2 million from the general fund to the board of regents of the university of New Mexico for expenditure in fiscal year 2026 for funding additional residency options within the state to broaden recruitment opportunities.



2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Bill Number	Title	Description
SB12	Out of State Telehealth Providers	Senate Bill 12 (SB12) modifies the New Mexico Telehealth Act (Section 25-23 NMSA 1978) to specify that medical providers not licensed in New Mexico are permitted to provide telehealth consultations to New Mexico residents for second opinions (the first opinion would have to be provided by a New Mexico-licensed practitioner) and for consultations that relate to the possibility that the patient would travel to the jurisdiction where the practitioner is licensed for further treatment or services.
SB46	Interstate Medical Licensure Compact	Senate Bill 46 enables New Mexico to join an interstate medical licensing compact, adopting its rules and bylaws. This would increase allopathic or osteopathic physicians' ability to achieve an expedited license to practice in New Mexico if they already held a license in another compact state.
SB172	Immigrant Health Care Workforce Development	Senate Bill 172 (SB172) creates the Immigrant Health Care Workforce Development Act and appropriates \$1.5 million from the general fund to the Workforce Solutions Department (WSD) to implement and administer the provisions of the bill. The bill specifies the appropriation includes funding to hire 3 FTE and for providing program grants.
SB252	Social Workers Provide Telehealth	Senate Bill 252 (SB252) amends 24-25-3 NMSA 1978, the New Mexico Telehealth Act. The bill requires that healthcare providers be "certified or registered" to provide health care (in addition to the current requirement that they be licensed). The bill also adjusts the list of professions included in the act's definition of provider.

2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Bill Number	Title	Description
SB296	Physician Income Tax Credit and Refund	Senate Bill 296 (SB296) creates a \$50 thousand refundable tax credit for physicians with medical school or dental school debt. The taxpayer must practice medicine full-time in New Mexico and have an outstanding balance of a student loan taken to defray the expenses of a medical education. The higher education department is required to certify that a taxpayer meets the eligibility requirements of the bill. The taxpayer can receive the credit for five consecutive years in which the taxpayer meets the requirements of the bill.
SB298	Ten Year Tax Exemption for Health Care Practitioners	Senate Bill 298 (SB298) proposes a 10-year exemption from income tax for a list of health care practitioners. The exemption is for income derived from providing health care in New Mexico within the scope of the practitioner’s practice
SB380	Physician Graduate Medical Education Trust Fund	Senate Bill 380 (SB380) establishes the physician graduate medical education trust fund and the physician graduate medical education program fund to support residency programs in rural and underserved areas. The trust fund, financed through a \$100 million appropriation from the general fund, will distribute 5 percent of its average market value annually to the program fund to support graduate medical education programs in rural areas.



2025 HEALTH CARE WORKFORCE BILLS INTRODUCED

Bill Number	Title	Description
SB411	Physician Loan Repayment Act	Senate Bill 411 (SB411) creates the Physician Loan Repayment Act to provide loan assistance of \$75 thousand per year for a maximum of 4 years for physicians practicing in designated professional shortage areas. The Higher Education Department (HED) shall administer the loan repayment program and determine loan amounts based on the location and characteristics of the medical practice and the applicant's total indebtedness. SB411 creates the physician loan repayment fund and appropriates \$15 million from the general fund for expenditure in fiscal year 2026 and subsequent fiscal years.
SB427	New Physician Residency Programs	Senate Bill 427 (SB427) appropriates \$60 million from the general fund to the health care authority for expenditure in fiscal years 2026 through 2028 to create new physician residency programs and positions. Any unexpended or unencumbered balance remaining at the end of fiscal year 2028 shall revert to the general fund.

