
VIRGINIA STATE BUDGET

2020 Special Session I

Budget Bill - HB5005 (Introduced)

Bill Order » Office of Health and Human Resources » Item 295

Department of Health

Item 295 (Not set out)	First Year - FY2021	Second Year - FY2022
Higher Education Student Financial Assistance (10800)	\$2,985,000	\$2,985,000
Scholarships (10810)	\$2,985,000	\$2,985,000
Fund Sources:		
General	\$2,400,000	\$2,400,000
Dedicated Special Revenue	\$85,000	\$85,000
Federal Trust	\$500,000	\$500,000

Authority: §§ [23.1-614](#) and [32.1-122.5:1](#) through [32.1-122.10](#), Code of Virginia.

A. This appropriation shall only be used for the provision of loans or scholarships in accordance with regulations promulgated by the Board of Health, or for the administration, management, and reporting thereof. The department may move appropriation between scholarship or loan repayment programs as long as the scholarship or loan repayment is in accordance with the regulations promulgated by the Board of Health.

B. The Virginia Department of Health shall collaborate with the Virginia Health Care Foundation and the Department of Behavioral Health and Developmental Services, the state teaching hospitals, and other relevant stakeholders on a plan to increase the number of Virginia behavioral health practitioners, including licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, child and adolescent psychiatrists, and psychiatric nurse practitioners, practicing in Virginia's community services boards, behavioral health authorities, state mental health facilities, free clinics, federally qualified health centers and other similar health safety net organizations through the use of a student loan repayment program. The program design shall address the need for behavioral health professionals in behavioral health shortage areas; the types of behavioral health practitioners needed across communities; the results of community health needs assessments that have been completed by hospitals, localities or other organizations; and shortages that may exist in high cost of living areas, which may preclude individuals from choosing employment in public and non-profit community behavioral health and safety net organizations and state mental health facilities. The program design shall include a preference for applicants who choose employment in underserved areas of the Commonwealth and contain conditions for recipients to practice in these areas for at least two years. The program shall be implemented by the Virginia Department of Health. The plan shall identify opportunities to leverage state funding for the program with funds from other sources in order to maximize the total funding for such a program. The plan shall determine how the program can complement and coordinate with existing efforts to recruit and retain Virginia behavioral health practitioners.

C.1. The Virginia Department of Health shall establish the Virginia Behavioral Health Loan Repayment Program. Eligible practitioners include: psychiatrists, licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, child and adolescent psychiatrists, and psychiatric nurse practitioners. The program shall include a tiered incentive system as follows: (i) Tier I providers: child and adolescent psychiatrists, psychiatric nurse practitioners, and psychiatrists; and (ii) Tier II providers: licensed clinical psychologists, licensed

clinical social workers, and licensed professional counselors.

2. For each eligible year of service provided, the practitioner shall receive a year of applicable loan repayment award in return. Loan repayment checks will be submitted at the end of each year of service. Payments will be made directly to the lender. Practitioners must agree to a minimum of two years of practice for the behavioral health provider with the ability for two one-year renewals. The program shall require preference be given to applicants choosing to practice in underserved areas which must be a federally designated mental Health Professional Shortage Area or Medically Underserved Area within the Commonwealth. Practitioners are required to practice at Community Services Boards, behavioral health authorities, state mental health facilities, free clinics, federally qualified health centers and other similar health safety net organizations in order to be eligible for the program. The award amount is up to 25 percent of student loan debt, not to exceed \$30,000 per year for Tier I professionals or \$20,000 per year for Tier II professionals. In no instance shall the loan repayment exceed the total student loan debt.

3. No match contribution from practice sites or the community is required. Loan repayment awards shall be tax exempt.

4. The program shall have an Advisory Board, composed of representatives from stakeholder organizations and community members as determined by the department. The Advisory Board will meet annually and provide guidance regarding effective outreach and feedback on both programmatic processes and impact. The department shall provide an annual report to the Advisory Board on successes, challenges and opportunities with the program.

5. The Board of Health shall develop regulations consistent with this language in order for the department to administer the program.

D. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund shall be provided to the Virginia Department of Health to establish a Nursing Preceptor Incentive Program. The department shall collaborate with the State Council of Higher Education for Virginia, the Virginia Nurses Association, the Virginia Healthcare and Hospital Association, and other relevant stakeholders on an advanced practice nursing student preceptor grant program. The program shall offer a \$1,000 incentive for any Virginia licensed physician, physician's assistant, or advanced practice registered nurse (APRN) who, in conjunction with a licensed and accredited Virginia public or private not-for-profit school of nursing, provides a clinical education rotation of 250 hours, which is certified as having been completed by the school. The amount of the incentive may be adjusted based on the actual number of hours completed during the clinical education rotation. The program shall seek to reduce the shortage of APRN clinical education opportunities and establish new preceptor rotations for advanced practice nursing students, especially in high demand fields such as psychiatry. The department shall report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by November 1, 2020, on the progress of establishing the Nursing Preceptor Incentive Program.