

## Physician Manpower Training Commission (619)

**Lead Administrator: Richard Evans, Executive Director**

FY'18 Projected Division/Program Funding By Source							
		Appropriations	Federal	Revolving	Local	Other*	Total
Administration	01	\$564,352					\$564,352
ISD Data Processing	88	\$17,300					\$17,300
Nursing Student Assist.	15	\$100,000			\$237,000	\$400,000	\$737,000
Primary Care Residency	30 OU	\$826,772		\$666,420			\$1,493,192
Family Med. Residency	52 OSU	\$419,416		\$376,832			\$796,248
Rural Scholarships & LR	54	\$778,000		\$495,814			\$1,273,814
PA Scholarships	56	\$209,000					\$209,000
<b>Total</b>		<b>\$2,914,840</b>	<b>\$0</b>	<b>\$1,539,066</b>	<b>\$237,000</b>	<b>\$400,000</b>	<b>\$5,090,906</b>
*Source of "Other" and % of "Other" total for each.							
					Sponsor Money	Special Cash	

FY'17 Carryover and Refund by Funding Source							
		Appropriations	Federal	Revolving	Local	Other*	Total
FY'17 Carryover		\$271,852.21				\$122,332.84	\$394,185
*Source of "Other" and % of "Other" total for each.							

**What Changes did the Agency Make between FY'17 and FY'18?**

**1.) Are there any services no longer provided because of budget cuts?**  
 State budget cuts and loss of federal funding have resulted in a decreased number of scholarships and loan repayment awards. PMTC recently learned that CMS federal dollars will no longer be available, and will need to be repaid retroactively to July 1, 2017, for GME program dollars that have been used for decades (through the 1115 waiver) to support and supplement Oklahoma's residency and loan repayment programs.

**2.) What services are provided at a higher cost to the user?**  
 OU, OU-Tulsa, and OSU, in addition to losing approximately \$60 million in federal dollars, will also not receive an additional \$3,251,797.82 in federal funds drawn down through the 1115 waiver for funds supplied by PMTC in support of residency programs. PMTC is also reducing the amount provided to OU and OSU by 15% in 2019 to balance our budget. The continued State budget cuts in addition to the loss of federal support for our loan repayment programs will reduce the number of awards PMTC will be able to make and shift additional cost to the rural communities that are struggling to recruit and retain physicians.

**3.) What services are still provided but with a slower response rate?**  
 None

**4.) Did the agency provide any pay raises that were not legislatively/statutorily required? If so, please provide a detailed description in a separate document.**  
 No

FY'19 Requested Division/Program Funding By Source							
		Appropriations	Federal	Revolving	Other	Total	% Change
Administration	01	\$566,665				\$566,665	0.41%
ISD Data Processing	88	\$17,300				\$17,300	0.00%
Nursing Student Assist.	15	\$100,000			\$150,000	\$250,000	-50.00%
Primary Care Residency	30 OU	\$707,504				\$707,504	-14.43%
Family Med. Residency	52 OSU	\$343,104				\$343,104	-18.19%
Rural Scholarships & LR	54	\$1,226,267				\$1,226,267	57.62%
PA Scholarships	56	\$204,000				\$204,000	-2.39%
<b>Total</b>		<b>\$3,164,840</b>	<b>\$0</b>	<b>\$0</b>	<b>\$150,000</b>	<b>\$3,314,840</b>	<b>0.00%</b>
*Source of "Other" and % of "Other" total for each.							
					Special Cash		

FY'19 Top Five Appropriation Funding Requests		\$ Amount
		\$0.00
<b>Total Increase above FY-18 Request</b>		<b>\$0.00</b>

**How would the agency handle a 2% appropriation reduction in FY'19?**

A 2% cut of \$62,296.80 would result in an additional reduction of funding to the Intern/Residency programs which would reduce the number of residents that could be trained by the 3 State Training Programs in addition to the loss of federal funding. It will also result in a further reduction in PA scholarships as well as resident rural scholarships. That outcome increases the physician shortage crisis in rural Oklahoma and decreases the economic benefit to the State. Each physician generates 1.5 to 2 million in taxable revenues annually and creates 15-30 jobs (RAND, Lapolla).

**How would the agency handle a 4% appropriation reduction in FY'19?**

A 4% cut of \$132,593.60 would result in an even deeper additional reduction of funding to the Intern/Residency programs which would reduce the number of residents that could be trained by the 3 State Training Programs in addition to the loss of federal funding. It could also result in a default of existing PA scholarships as well as resident rural scholarships. That outcome increases the physician shortage crisis in rural Oklahoma and decreases the economic benefit to the State. Each physician generates 1.5 to 2 million in taxable revenues annually and creates 15-30 jobs (RAND, Lapolla).

**How would the agency handle a 6% appropriation reduction in FY'19?**

A 6% cut of \$198,891 would result in an even deeper additional reduction of funding to the Intern/Residency programs which would greatly reduce the number of residents that could be trained by the 3 State Training Programs in addition to the loss of federal funding. It could also result in a default of existing PA scholarships as well as resident rural scholarships.

That outcome increases the physician shortage crisis in rural Oklahoma and decreases the economic benefit to the State. Each physician generates 1.5 to 2 million in taxable revenues annually and creates 15-30 jobs (RAND, Lapolla).

Is the agency seeking any fee increases for FY'19?	
No	<b>\$ Amount</b> \$0.00

What are the agency's top 2-3 capital or technology (one-time) requests, if applicable?
None

Federal Government Impact
<p><b>1.) How much federal money received by the agency is tied to a mandate by the Federal Government?</b> None</p> <p><b>2.) Are any of those funds inadequate to pay for the federal mandate?</b> No.</p> <p><b>3.) What would the consequences be of ending all of the federal funded programs for your agency?</b> PMTc will be unable to provide as many loan repayment awards and unable to utilize state appropriations to draw federal CMS funds for residency program support.</p> <p><b>4.) How will your agency be affected by federal budget cuts in the coming fiscal year?</b> CMS funding cuts will require PMTC to seek additional support sources from provider organizations, communities, TSET, and other federal sources.</p> <p><b>5.) Has the agency requested any additional federal earmarks or increases?</b> No.</p>

Division and Program Descriptions
<p>The Physician Manpower Training Commission has developed, in accord with legislative intent, five high priority goals:</p> <p>1) Work to improve the balance of physician manpower distribution in the State of Oklahoma, both by type of practice and by geographic location;</p> <p>2) Aid accredited physician training facilities in the establishment of additional primary medical care and family practice internship and residency training programs by sharing in the cost of these programs;</p> <p>3) Assist Oklahoma communities in selecting and financing qualified medical and osteopathic interns/residents and other duly licensed physicians to participate in the Physician Community Match Program and the Family Practice Resident Rural Scholarship Program;</p> <p>4) Assist Oklahoma communities, in any manner possible, in contacting medical and osteopathic students, interns and residents, or other physicians (inside and outside Oklahoma) who might wish to practice in Oklahoma;</p> <p>5) Work with Oklahoma communities and the leadership of Oklahoma's nurse training institutions to provide nurses for underserved areas of the State.</p> <p>It is inherent in the mission of the Physician Manpower Training Commission to provide support to rural Oklahoma hospitals. We recognize the Legislative intent outlined in Oklahoma State Statute 697.1 that requires the Commission "to develop manpower programs to service directly the rural and nonmetropolitan areas of the state". Furthermore, the Commission understands that a rural hospital is frequently the second largest employer in many communities. These economic engines need to remain viable and the Commission is dedicated to that cause. The Physician Manpower Training Commission is proud of the progress which has been made in the State of Oklahoma in regards to the education of physicians, physician assistants and nurses who will eventually practice in rural Oklahoma. The Commission, in cooperation with the Oklahoma State Regents for Higher Education, the University of Oklahoma College of Medicine, the University of Oklahoma College of Medicine-Tulsa, the Oklahoma State University College of Osteopathic Medicine, Oklahoma's nurse training institutions, and all other agencies and individuals interested in health care in Oklahoma, in developing innovative methods of assistance to provide much-needed medical care to citizens of rural and underserved areas in Oklahoma.</p>

FY'18 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
Administration	2	4	2	1	4	1
<b>Total</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>1</b>

FTE History					
	2018 Budgeted	2017	2014	2011	2007
Administration	6	6	6	6	6
<b>Total</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>

Performance Measure Review					
	FY'17	FY'16	FY'15	FY'14	FY'13
Increase Physician Incentives					
Increase Nursing Scholarship Program Awareness and Effectiveness					
Improve Retention Rate of Physicians in Rural Oklahoma					
Improve Timeliness and Efficacy of Collection Procedures					
Decrease primary care shortages by incentivizing Advanced Practice Providers					

Revolving Funds (200 Series Funds)			
Revolving Fund I	205	FY'15-17 Avg. Revenues	FY'15-17 Avg. Expenditures
			June '17 Balance

Community Res/Match Revolving Fund		\$69,333	\$69,333	\$12,000
<b>Revolving Fund II</b> PMTTC Revolving Fund	<b>210</b>	\$177,037	\$255,071	\$197,504
<b>Revolving Fund III</b> Physician Assistant Scholarship Fund	<b>215</b>	9,977.71	43,911.67	\$578
<b>Revolving Fund IV</b> Residency Revolving Fund	<b>220</b>	1,310,578.67	1,178,361.31	\$421,965
<b>Revolving Fund V</b> Nursing Assistance Fund	<b>450</b>	250,728.71	235,923.75	\$183,178

These are directly from PMTC ABC report.

Other highlighted from your BTA

	R		E	
	205	210	205	210
17	48,000.00	97,586.58	36,000.00	220,342.83
15	90,000.00	187,221.53	96,000.00	240,242.80
16	<u>70,000.00</u>	<u>246,302.26</u>	<u>76,000.00</u>	<u>304,628.01</u>
	208,000.00	531,110.37	208,000.00	765,213.64

69,333.33    177,036.79    69,333.33    255,071.21

	R			E		
	215	220	450	215	220	450
17	1,939.72	1,638,125.25	293,403.10	16,000.00	1,233,465.92	240,722.40
15	13921.46	1,042,345.00	227,532.13	47,000.00	955,479.25	195,971.60
16	<u>14,071.96</u>	<u>1,251,265.75</u>	<u>231,250.90</u>	<u>68,735.00</u>	<u>1,346,138.76</u>	<u>271,077.26</u>
	29,933.14	3,931,736.00	752,186.13	131,735.00	3,535,083.93	707,771.26
	9,977.71	1,310,578.67	250,728.71	43,911.67	1,178,361.31	235,923.75