Strengthening Kansas Health Professions Workforce  
Prepared 1-11-2011, updates at www.kumc.edu

Due to federal health reform, the number of people with health insurance is expected to increase, creating additional demand for physicians, nurses, and other health professionals. Kansas is already below the U.S. average for physicians per 100,000 people and for primary care physicians per 100,000 people, and these shortages are most prominent in rural areas. Similarly, the Kansas Department of Labor projects nearly 4,900 more openings for registered nurses in the state by 2016, and a severe shortage of nursing faculty with doctorate degrees has limited the ability to expand programs to educate more nurses.

To address these critical issues, the University of Kansas Medical Center has two important short-term goals as part of the Kansas Board of Regents compact proposal: (1) to restore enrollment levels at the University of Kansas School of Nursing; and (2) to expand participation in the Kansas Medical Student Loan (KMSL) program designed to train physicians for rural Kansas.

**Restore School of Nursing Faculty & Enrollment**

The KU School of Nursing is the largest nursing-education institution in Kansas. In addition, KU offers the only PhD program in Nursing in Kansas. Since 2001, the school has significantly increased its enrollment level to help meet current and future needs for more entry-level nurses and more advanced practice nurses for positions in nursing education, primary care and health system leadership. The majority of these graduates work in Kansas.

However, despite the continuing need for more registered nurses in health care settings and more faculty positions in higher education, budgetary constraints have resulted in fewer School of Nursing enrollments. Admissions for spring 2010 were down to 100 slots from 120 slots in 2009 for entry-level, undergraduate students. More than 400 students, most of them Kansans, applied for these 100 available slots. Admissions to KU’s graduate programs to prepare nurse educators and health care leaders decreased by 20 students, even though applications for these programs have increased over previous years.

Bringing enrollment back to 2009 levels is critical if Kansas is to address its nursing shortage. Expansion of enrollment beyond that level is also critical to reach this goal. This issue is a top priority for KU Medical Center. However, restoring 40 admissions slots and adding another 10 slots will require additional faculty and an increased investment by the state.

**Expanding the Kansas Medical Student Loan (KMSL) Program**

The KMSL program is an incredibly successful program which provides medical students with tuition reimbursement and payment of living expenses of up to $2,000 a month. In return, students promise to enter a primary care residency and practice post-residency in a designated, underserved Kansas county for as many years

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1. Association of American Medical Colleges “2009 State Physician Workforce Data Book”
2. KU School of Medicine “Kansas Physician Workforce Report” (2007)
as the student received assistance.\textsuperscript{5} Although most students complete the program, students who fall out of compliance are required to pay back the money they received with 15 percent interest, which assists in funding the program\textsuperscript{6}.

The current KMSL program is very popular and has a waiting list. There are 120 slots spread over the four undergraduate medical classes -- all of the slots are filled and there is a waiting list with sufficient student interest to expand the program. The cost of the program in FY 2011 will be approximately $5.6 million (each slot is currently slightly more than $47,000 annually) and is funded through 1) designated appropriations from the state and 2) payments by previous loan recipients who have chosen to not practice in Kansas and must repay their loans plus interest. KUMC would like to add an additional 22 slots, which would cost an addition $1.04 million and grow the total number of loan recipients from to 120 to 142.

Expanding the program would fulfill important policy goals for the state. As noted in the attached map, 43 Kansas counties have a practicing KMSL recipient and, over the last 15 years, 50 counties have gained new doctors as a result of the program.\textsuperscript{7}

Expanding the program would further its goal of providing physicians to those counties that need them. However, it is important to note that the program has become a victim of its own success as more participants are repaying their loans through service and fewer dollars are flowing into the Loan Repayment Fund. We predict that without increased support the number of loans available each year will decline.

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\textsuperscript{5} Students have other options to fulfill the loan, such as practicing in a state medical care facility or institution or in a Veterans’ Administration medical center; serving as faculty at the KU School of Medicine, or performing primary medical service for indigent patients at a local health department or other non-profit.

\textsuperscript{6} For the class years 1992 through 2008, approximately 60 percent of participants were either in compliance or had completed their obligation by practicing in an underserved area; 29 percent were in repayment or had repaid their loans due to falling out of compliance; and 1 percent completed the obligation through some combination, ten percent are still in training.

\textsuperscript{7} Chumley, Heidi MD; Honeck, Sara; Kennedy, Michael MD; Meyer, Mark MD; \textit{The Kansas Medical Student Loan Program: A Successful Tuition–Service Exchange Model}, Academic Medicine, November 2010.