

# ***Arkansas Community Match Rural Physician Recruitment Program***

**Detail Sheet as amended by ACT 1058 of 2007, ACT 708 of 2009 and Act 132 of 2017**

## **Detail Sheet**

**WHAT IS THE GOAL OF THE PROGRAM?** To increase the number of physicians practicing medicine in rural communities in Arkansas; by allowing physicians to receive funds for practicing full-time primary care medicine in a rural community in Arkansas.

**WHO IS ELIGIBLE TO APPLY?** Physicians: Must be a graduate from an accredited medical school in the United States and currently enrolled in a residency or other training program in an area of primary care or completed training no more than 2 (two) years prior to the date of application OR A foreign medical school if they were a resident of Arkansas and citizen of the United States prior to enrollment in the foreign medical school; and has been licensed by the Arkansas State Medical Board. Communities: Any qualified rural community in Arkansas in need of a physician. Each applicant must be approved by the Arkansas Rural Medical Practice Student Loan and Scholarship Board.

**WHAT OTHER QUALIFICATIONS MUST APPLICANTS MEET?** A physician applicant must be a person of good moral character who clearly demonstrates a desire to practice full-time primary care medicine in the match community. A community applicant must demonstrate a desire to fund their portion of the program and be a medically underserved community.

**WHAT IS A MEDICALLY UNDERSERVED COMMUNITY?** Act 1058 of 2007 defines “medically underserved” as an area the Board determines to have unmet needs for medical services due to factors including without limitation: The ratio of primary care physicians to population and the infant mortality rate. Also including the percentage of: Population with incomes below the federal poverty level, resident individuals sixty years of age and older, physicians sixty years of age and older. Also, accessibility within the area to primary care medicine and other relevant criteria the Board may deem necessary to a determination of unmet needs for medical services. Communities may apply and the Board will determine final eligibility.

**What is A Qualified Community?** Act 132 of 2017 states it is one that is less than 20,000 in population and more than 20 miles from a community with more than 20,000 in population.

### **WHO CAN PROVIDE THE COMMUNITY’S PORTION OF FUNDING?**

A third party agreement may be completed if an entity other than the city is providing funds. For example, a hospital or clinic may provide the funding for the program; however, the physician’s obligation remains with the city itself regardless of who provides funding.

**HOW IS 'PRIMARY CARE' DEFINED AND ARE THERE EXCEPTIONS?** Primary care is defined as Family Medicine, General Internal Medicine, General Pediatrics, General Internal Medicine/Pediatrics, General Obstetrics/Gynecology, General Surgery, Emergency Medicine and Geriatrics.

**HOW AND WHEN DO PHYSICIANS AND COMMUNITIES APPLY?** Physicians and communities must jointly apply for the program. Each application will not be accepted until both applications are received. The deadline is December 20th of each year.

**HOW LONG IS THE COMMITMENT?** Participants make a 4 (four) year commitment to practice full time primary care medicine in their match community.

**HOW MUCH MONEY WILL THE PHYSICIAN RECEIVE AND WHEN WILL THEY GET IT?** Depending on available funding, the maximum amount a participant receives is \$80,000 over a period of four years. (Twenty thousand dollars per year for four years) The Board provides one-half and the community provides the other half. At the beginning of each year of service, the community is to send \$10,000 to UAMS. The physician receives credit for every three months of service and is sent \$5000 at the end of each three month service period. **A form 1099 will be sent to participating physicians annually for tax purposes.**

**WHAT FUNCTION DOES THE RURAL PRACTICE BOARD PERFORM?** The Board is responsible for (1) determining eligibility of applicants for loans, (2) naming recipients of such assistance, (3) setting the amounts of loans, (4) all disbursements and collections, (5) granting special provisions, and (6) making compliance and non-compliance determinations.

**WHAT IF THE PHYSICIAN ALREADY HAS AN OBLIGATION TO PRACTICE IN A RURAL COMMUNITY THROUGH THE RURAL PRACTICE STUDENT LOAN AND SCHOLARSHIP OR COMMUNITY MATCH STUDENT LOAN AND SCHOLARSHIP PROGRAMS?** If the physician participated or is participating in the Rural Practice Scholarship and Loan program or the Community Match Student Loan and Scholarship Program, they are ineligible to participate in this program.

**WHAT HAPPENS IN THE EVENT A RECIPIENT DEFAULTS ON HIS/HER OBLIGATION?** In the event that the recipient does not begin or ceases the full-time practice of medicine in breach of the contract, they will be obligated to pay the entire amount of the money received with interest, together with any civil money penalties, as reduced by the amount cancelled for service. The Board may impose civil money penalties of up to 50% of the principal amount as consequence of breach.

**IS IT TRUE THAT LEGISLATION STIPULATES LICENSES MAY BE SUSPENDED TO PRACTICE MEDICINE IN THE STATE OF ARKANSAS IF PARTICIPANTS DEFAULT ON CONTRACTS?** **YES!** State law stipulates that recipients shall bindingly contract that not engaging in the practice of medicine in accordance with the contract may result in the suspension of his or her license to practice medicine in Arkansas. The suspension shall be for a period of years equivalent to the number of years that the recipient is obligated to practice medicine in a rural community and the suspension shall continue until the funds, with interest, are paid in full.

If you should have any questions concerning the Arkansas Rural Medical Practice Student Loan and Scholarship Programs, please contact:

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