Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to update you on recent Health Resources and Services Administration (HRSA) efforts to improve services, outreach, and consultation to American Indians and Alaska Natives (AI/ANs), and progress in helping address workforce shortages in Indian Country.

Currently, more than 740 National Health Service Corps (NHSC) clinicians are working at tribal sites across the country. HRSA’s NHSC program offers licensed primary care providers in eligible disciplines the opportunity to receive loan repayment of up to $100,000 in exchange for the provider’s commitment to serve full-time or half-time at an NHSC-approved site in a designated Health Professional Shortage Area (HPSA) for at least two years.

Last year, because of an additional $15 million allocated to NHSC, all eligible applicants serving at Indian Health Service facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs) received NHSC Loan Repayment Program funding, resulting in 297 clinicians being awarded. Still, I understand that several of you have raised concerns about the standardized data used in the update of Automatically Designated Facility HPSAs (Auto-HPSA) completed in August 2019. HRSA recognizes the standardized data is not fully reflective of AI/AN communities, and has created the Auto-HPSA Portal to allow Indian, Tribal, and ITU clinics to submit facility-specific data to HRSA for scoring purposes. The next step of the Shortage Designation Modernization Project is to further evaluate the scoring rubric with stakeholder engagement.

As part of HRSA’s ongoing commitment to Indian Country’s health care needs, with funding provided in the FY 2020 appropriation, HRSA is awarding another $15 million of dedicated NHSC funds this year. There are three NHSC loan repayment programs available: National Health Service Corps Loan Repayment Program, Substance Use Disorder Workforce Loan Repayment Program, and the Rural Community Loan Repayment Program. The attached chart details the key differences among the programs. I encourage eligible applicants to apply for NHSC programs, as dedicated funding to tribal sites significantly increases the likelihood that funding will be awarded.

I ask that you share HRSA’s NHSC program information with the health care facilities in your communities that are NHSC-approved sites. Additionally, please know that these facilities can promote their open positions on the HRSA Health Workforce Connector and participate in our Virtual Job Fairs to ensure that they can attract clinicians interested in this loan repayment program.

If you have questions or need additional information, please contact your HRSA regional points-of-contact or email aianhealth@hrsa.gov.

Thank you in advance for your consideration of this program.
Sincerely,

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Thomas J. Engels
Administrator