U.S. Department of Health and Human Services
Health Resources and Services Administration

REPORT TO CONGRESS

NATIONAL HEALTH SERVICE CORPS 2023

Executive Summary

The report to Congress for 2023 details the program accomplishments of the National Health Service Corps (NHSC), which is charged with helping communities within Health Professional Shortage Areas (HPSA) of greatest need by providing primary health care services through the recruitment and retention of primary care health professionals. The report:

- Provides updates on HPSA information;
- Defines the need for primary care services through requests for recruitment and retention assistance from underserved communities;
- Shows the current NHSC field strength[1] and the projection for next year;
- Explains recruitment efforts for the NHSC Scholarship and Loan Repayment programs;
- Provides estimates on the number of patients seen by NHSC clinicians;
- Details the most recent short-term and long-term retention rates of NHSC clinicians who have fulfilled the service obligation and continue to serve the underserved; and
- Describes the evaluation process to determine compliance with section 333(a)(1)(D) of the Public Health Service Act for inclusion on the Health Workforce Connector.

Significant findings in the report include the following:

- The NHSC field strength in fiscal year (FY) 2023 was 18,335. NHSC clinicians served in urban, rural, and frontier communities in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.[2]

- The NHSC invested in building primary care provider capacity, awarding 180 new scholarships and 157 Students to Service loan repayment awards to health professions students in FY 2023. In FY 2023, the NHSC was supporting 3,178 health professions students, helping to expand the pipeline of providers preparing to work in underserved communities.

- In FY 2023, NHSC clinicians provided care to more than 19 million people. Approximately 58 percent of NHSC clinicians served in health centers supported by Health Resources and Services Administration (HRSA) grants. The remaining clinicians provided patient care services at other sites including Rural Health Clinics; Indian Health Service facilities, tribal health programs,[3] and urban Indian organizations;[4] group or private practices; critical access hospitals with affiliated

[1] The NHSC field strength includes clinicians recruited through the NHSC Loan Repayment Program, the NHSC Scholarship Program, the NHSC Students to Service Loan Repayment Program, the NHSC Substance Use Disorder Workforce Loan Repayment Program, the NHSC Rural Community Loan Repayment Program, and the NHSC State Loan Repayment Program who are currently working in communities fulfilling their service commitments.
[2] The Pacific Basin includes American Samoa, the Federated States of Micronesia, Guam, the Republic of the Marshall Islands, the Commonwealth of the Northern Mariana Islands, and the Republic of Palau.
[3] An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service through, or provided for in, a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5301 *et seq*.).
[4] Urban Indian organizations that receive grant and contract funding through Title V of the Indian Health Care

outpatient clinics; hospital-based outpatient clinics; and similar outpatient sites located in HPSAs.

- The NHSC and many federal and state workforce programs use HPSA designations for resource allocation. As of September 30, 2023, there were HPSA designations for geographic areas, population groups, and facilities[5] of the following types:
  - Primary care: 8,352
  - Dental health: 7,395
  - Mental health: 6,622

- In FY 2023, HRSA began using Maternity Care Health Professional Target Area (MCTA) scores, which are generated for each Primary Care HPSA using its service area, to distribute NHSC loan repayment awards to maternity care health professionals to serve in areas federally designated as having a shortage of maternity care providers. MCTA-eligible maternity care providers are defined in the NHSC as obstetricians and gynecologists; family practice physicians providing obstetric care; and certified nurse midwives. HRSA finalized criteria for determining MCTAs in FY 2022, and published composite MCTA scores in the HRSA Data Warehouse HPSA Find tool.[6]

- Approximately 38.2 percent of FY 2023 NHSC placements were at sites that served rural areas.[7]

- The discipline mix of the NHSC field strength reflects the program's efforts to respond to the demand for services in underserved communities as well as the program's commitment to an interdisciplinary approach to patient care. The NHSC continues to expand the number of behavioral health clinicians in the program with ongoing support for the Substance Use Disorder (SUD) Workforce and Rural Community Loan Repayment programs (LRP). In addition, registered nurses and pharmacists are included as eligible disciplines in the NHSC State LRP.

- In FY 2023, the NHSC made a total of 228 scholarship awards, as well as a total of 6,594 loan repayment awards. Additionally, HRSA made 157 new Students to Service LRP awards through the NHSC, providing loan repayment to medical students, dental students, and nursing students in their final year of school in return for providing health services in urban, rural, or frontier communities with limited access to care. These awards are vital recruitment tools for underserved communities in need of primary care, oral health, and behavioral health services.

Improvement Act are Federally Qualified Health Centers that provide health care to American Indians and Alaska Natives living in urban centers.

[5] This data includes facilities automatically designated as HPSAs based on statute, including Health Center Program grantees, Federally Qualified Health Center Look-Alikes, Indian Health Service facilities, and Rural Health Clinic Program grantees that meet NHSC site requirements.

[6] The "Improving Access to Maternity Care Act" (P.L. 115-320) amended the Public Health Service Act to direct HRSA to identify MCTAs within HPSAs for assigning maternity care health professionals.

[7] The NHSC uses the Federal Office of Rural Health Policy definition of rural for identifying NHSC-approved sites that are in rural areas; see http://www.hrsa.gov/ruralhealth/policy/definition_of_rural.html.

- In FY 2023, HRSA continued to expand the workforce caring for people with SUD through both the NHSC SUD Workforce LRP and the NHSC Rural Community LRP. The NHSC made 684 new SUD Workforce LRP awards and 645 new Rural Community LRP awards in FY 2023. Additionally, NHSC funding was designated by Congress in FY 2023 to help support 216 loan repayment awards to clinicians serving in Indian Health Service facilities, Tribal Health programs, and urban Indian organizations.

- Approximately 86 percent of NHSC participants who completed their NHSC service obligation in FY 2021 continued to serve in underserved areas 2 years later, and 87 percent of those who fulfilled their service commitments between FY 2012 and FY 2022 are either still working in a HPSA, or have remained in the community where they served even if it no longer qualifies as a HPSA.

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Acronym List

ARP Act	American Rescue Plan Act of 2021
FQHC	Federally Qualified Health Center
FY	fiscal year
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
ITU	Indian Health Service, tribal, or urban Indian health clinic
LRP	Loan Repayment Program
MCTA	Maternity Care Health Professional Target Area
NHSC	National Health Service Corps
OUD	opioid use disorder
PHS Act	Public Health Service Act
PCO	primary care office
SAMHSA	Substance Abuse and Mental Health Services Administration
SP	Scholarship Program
SUD	substance use disorder
S2S LRP	Students to Service Loan Repayment Program

I. Legislative Language

Section 336A of the Public Health Service (PHS) Act (42 U.S.C. § 254i) sets out the requirements for this report to Congress:

> "*The Secretary shall submit an annual report to Congress, and shall include in such report with respect to the previous calendar year—*
>
> *(1) the number, identity, and priority of all health professional shortage areas designated in such year and the number of health professional shortage areas which the Secretary estimates will be designated in the subsequent year;*
> *(2) the number of applications filed under section 333 in such year for assignment of Corps members and the action taken on each such application;*
> *(3) the number and types of Corps members assigned in such year to health professional shortage areas, the number and types of additional Corps members which the Secretary estimates will be assigned to such areas in the subsequent year, and the need for additional members for the Corps;*
> *(4) the recruitment efforts engaged in for the Corps in such year and the number of qualified individuals who applied for service in the Corps in such year;*
> *(5) the number of patients seen and the number of patient visits recorded during such year with respect to each health professional shortage area to which a Corps member was assigned during such year;*
> *(6) the number of Corps members who elected, and the number of Corps members who did not elect, to continue to provide health services in health professional shortage areas after termination of their service in the Corps and the reasons (as reported to the Secretary) of members who did not elect for not making such election;*
> *(7) the results of evaluations and determinations made under section 333(a)(1)(D) during such year; and*
> *(8) the amount charged during such year for health services provided by Corps members, the amount which was collected in such year by entities in accordance with section 334, and the amount which was paid to the Secretary in such year under such agreements."*[8]

This report includes updates and fiscal year (FY) data[9] on each of these requirements and related National Health Service Corps (NHSC) program activities and initiatives and discusses how these activities and initiatives align with the mission of the program.

[8] The Health Care Safety Net Amendments of 2002 amended section 334 of the PHS Act (42 U.S.C. § 254g) to eliminate the requirement that entities receiving NHSC assignees reimburse the agency for health services provided by those Corps members. Therefore, reporting element #8 is no longer relevant.

[9] Generally, fiscal year budget data are provided in this report in accordance with Congress' appropriation of funding to the NHSC. Additionally, the Bureau of Health Workforce Management Information System Solution collects NHSC program data. It is an IT system that replaced and/or retired several legacy systems that contained information collected from individual scholarship and loan repayment applications, recruitment and retention assistance applications, and monitoring data from individual sites. HRSA also collects State Loan Repayment Program data at the grantee level and reports them to Bureau of Health Workforce program officers.

II. Introduction

The Bureau of Health Workforce within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services manages the NHSC program. The Emergency Health Personnel Amendments Act of 1972 (P.L. 92-585) established the NHSC program. Congress has amended and reauthorized the Emergency Health Personnel Amendments Act several times in the 50 ensuing years. More recently, the American Rescue Plan Act of 2021 (ARP Act) authorized and appropriated $800 million to the NHSC, $100 million of which was dedicated to the State Loan Repayment Program (LRP).[10] In FY 2022, Congress appropriated $413.9 million in mandatory and discretionary funding to the NHSC and in FY 2023, Congress appropriated $417.9 million in mandatory and discretionary funding to the NHSC.[11]

Overall, in FY 2023, the NHSC made 180 new and 48 continuation scholarship awards, as well as 4,173 new and 2,421 continuation loan repayment awards. Within this award total, the NHSC's annual set-aside ($15.6 million) and approximately $1.4 million in additional NHSC funding, a total of $17 million, enabled the NHSC to fund 216 awards for providers serving Indian Health Service, tribal, or urban Indian health clinic (ITU) organizations in FY 2023. Additionally, the NHSC made 157 new Students to Service (S2S) LRP awards to eligible students in their last year of medical, nursing, or dental school.

In FY 2023, NHSC field strength was 18,355 clinicians. The field strength includes clinicians recruited through the NHSC Scholarship Program (SP), the NHSC LRP, the NHSC S2S LRP, the NHSC Substance Use Disorder (SUD) Workforce LRP, the NHSC Rural Community LRP, and the State LRP who are currently working in communities to fulfil their service commitments.

There continues to be tremendous applicant interest in these programs and HRSA has maintained its robust online and in-person recruitment activities. Among other strategies, HRSA used social networking, collaboration with stakeholders, and online visibility to recruit eligible NHSC applicants.

HRSA used both online and in-person recruitment resources to support health professionals and health centers. HRSA also hosted 5 virtual job fairs, which included more than 220 participating sites representing 46 states and territories; this resulted in over 3,600 newly created user profiles and nearly 3,750 new job opportunities posted on the HRSA Health Workforce Connector.[12]

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[10] The 3-year State LRP grant cycle funded by the $100 million in dedicated appropriations in the ARP Act made its first grant awards in FY 2022. This grant cycle included two significant flexibilities derived from that Act: the dollar-for-dollar federal-state match is not required, and up to 10 percent of the federal grant funds may be used to administer the program at the state level.

[11] The NHSC is a sequestered program; as part of the across-the-board reductions in federal agency budgets triggered when action was not taken to reduce the federal deficit as required under the Budget Control Act of 2011, sequestration here distinguishes the authorization of mandatory appropriations for the NHSC from the actual mandatory funding level made available to the NHSC in both FY 2022 and FY 2023, for program administration and awards.

[12] The HRSA Health Workforce Connector is a searchable database of open job opportunities and information on NHSC-approved sites; see https://connector.hrsa.gov/connector/.

An important measure of the NHSC's success is the retention of NHSC clinicians who continue to provide services to the underserved after fulfilling their NHSC commitments. In FY 2019, HRSA began using the newly developed Clinician Dashboard to calculate the retention rate for NHSC providers, using National Provider Identifier numbers from the Centers for Medicare & Medicaid Services in conjunction with other data sources to assist in determining the current practice locations of NHSC alumni. HRSA annually tracks short-term retention (Corps members who complete their service obligations and remain in a health professional shortage area (HPSA) for up to 2 years post-service) as well as long-term retention (Corps members who continue to provide care in underserved areas longer than 2 years after completing their NHSC service obligations). The Dashboard shows approximately 86 percent of those who fulfilled their NHSC commitments during FY 2021 remained in service in underserved communities 2 years after their commitments ended. Further, 87 percent of those who fulfilled their service commitments between 2012 and 2022 are either still working in a HPSA or have remained in the community where they served, even if it no longer qualifies as a HPSA (an alumni clinician measure referred to as "community retention").[13]

III. Overview

The NHSC directly operates five programs and administers one state grant program to place clinicians at NHSC-approved sites in underserved communities across the nation. These health care delivery sites must meet certain requirements, including providing care to individuals regardless of their ability to pay using a sliding fee schedule.

NHSC Scholarship Program: The NHSC Scholarship Program provides financial support through scholarships that cover tuition, other reasonable education expenses, and a monthly living stipend to health professions students committed to providing primary care in underserved communities with the greatest need. The NHSC Scholarship Program provides a supply of clinicians who will be available over the next 1 to 8 years, depending on the length of their education and training programs. Upon completion of training, NHSC scholars become salaried employees of NHSC-approved sites in underserved communities. NHSC scholars will provide a 1-year service commitment for each year of scholarship support received, while there is a 2-year minimum service commitment. Awardees can receive a maximum of 4 years of scholarship support.

NHSC Students to Service Loan Repayment Program: The NHSC Students to Service Loan Repayment Program provides loan repayment assistance to health professions students in their last year of school in return for a 3-year commitment to provide primary health care in HPSAs of greatest need. Eligibility for the S2S LRP includes students in their final year of medical school, dental school, or a school pursuing eligible primary care health professions training leading to a degree or certification in nurse midwifery, nurse practitioner, or physician assistant education.

NHSC Loan Repayment Program: The NHSC Loan Repayment Program offers fully trained primary care clinicians the opportunity to receive assistance to pay off qualifying educational

[13] For more detailed information regarding NHSC field strength data in the public domain, see https://data.hrsa.gov/topics/health-workforce/field-strength and also https://data.hrsa.gov/data/download.

loans in exchange for service at an NHSC-approved site in a HPSA. For an initial 2 years of service, providers serving in a HPSA receive loan repayment assistance. The NHSC Loan Repayment Program also offers participants in all HPSA types the option of continuing their service for an additional award for each year until all eligible educational debt has been satisfied. The Program recruits both clinicians as they complete training and clinicians who are practicing professionals and are immediately available for service.

Beginning in FY 2018, and annually through FY 2023, appropriations acts have provided funding to the NHSC to expand and improve access to quality opioid use disorder (OUD) and SUD treatment in rural and underserved areas nationwide. HRSA continues to use these funds to support awards made through the NHSC SUD Workforce LRP and the NHSC Rural Community LRP.

NHSC SUD Workforce LRP: The primary purpose of this funding is to expand the availability of SUD treatment providers providing outpatient services at specified sites, including OUD treatment programs, office-based OUD treatment facilities, and non-opioid outpatient SUD facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive loan repayment to reduce their educational financial debt in exchange for a service commitment to work at SUD treatment facilities.

In FY 2023, SUD providers included:

- Physicians (allopathic and osteopathic physicians), nurse practitioners, and physician assistants with training on opioid or other substance use disorders registered to prescribe controlled medications, and/or board certification in addiction medicine or addiction psychiatry;[14]
- Licensed or certified health professionals providing SUD services; and
- Licensed primary care and behavioral health professionals.

NHSC Rural Community LRP: A portion of the annual appropriations noted above provided funding for the NHSC Rural Community LRP, which is a program for providers working to combat the opioid epidemic in the nation's rural communities. The NHSC Rural Community LRP first made loan repayment awards in FY 2019, in coordination with HRSA's Rural Communities Opioid Response Program initiative to provide evidence-based substance use treatment, assist in recovery, and prevent overdose deaths across the nation.

NHSC and Indian Health Service (IHS): Appropriations acts for 2019 through 2023 have included an annual set-aside between $15 and $16 million to support awards under NHSC loan repayment programs to fully-trained medical, nursing, dental, behavioral/mental health

[14] Section 1262 of the Consolidated Appropriations Act of 2023, removed the federal requirement for practitioners to apply for a special waiver prior to prescribing buprenorphine for the treatment of OUD. Section 1263 of the Act, meanwhile, requires new or renewing Drug Enforcement Administration registrants to prescribe any Schedule II-V controlled medications, effective June 27, 2023, to have met certain OUD or other SUD training requirements; to be board certified in addiction medicine or addiction psychiatry; or to have graduated within 5 years and be in good standing from medical, advanced practice nursing, or physician assistant school that included completion of an opioid or other substance use disorder curriculum.

clinicians, and SUD providers delivering health care services in ITUs.[15] Federal IHS clinics, Tribal Health clinics, urban Indian organizations, and dually-funded Tribal Health clinics/community health centers are automatically HPSA-designated.

NHSC State LRP: The NHSC State LRP provides grant funding for states and territories to operate their own loan repayment programs; each state and territory can design programs that address the most pressing health care needs of their residents. Primary medical, behavioral, and dental clinicians who receive awards through NHSC State LRP-funded programs pay off student debt in exchange for working in HPSAs within their state. In FY 2022, HRSA made 3-year NHSC State LRP grant awards using the $100 million in dedicated appropriations in the ARP Act.[16] The Act provided greater flexibilities for recipients in that it did not require the typical dollar-for-dollar federal-state match, and it allowed up to 10 percent of the federal grant funds to be used to administer the program at the state level.

FY 2023 Awards Overview: Overall in FY 2023, the NHSC made 180 new and 48 continuation scholarship awards, as well as 4,173 new and 2,421 continuation loan repayment awards. Additionally, the NHSC made 157 new S2S LRP awards to eligible students in their last year of medical, nursing, or dental school.

IV. Report Requirements

Requirement #1: The number, identity, and priority of all HPSAs designated in such year and the number of HPSAs which the Secretary estimates will be designated in the subsequent year.

As part of HRSA's cooperative agreement with state Primary Care Offices (PCO), the state PCOs assess needs in their states, determine what areas are eligible for designations, and submit designation applications to HRSA. Communities or facilities that would like HRSA to designate them as a geographic, population, or facility HPSA may submit data to their state PCO. HRSA reviews the HPSA applications submitted by the state PCOs, and if they meet the designation eligibility criteria for the type of HPSA requested in the application, HRSA designates a HPSA. The designation process includes both the analysis of the data submitted with each new request and the review of previously designated HPSAs. Additionally, there is a permanent automatic designation in statute of certain facility HPSAs (e.g., Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Indian Health Service, tribal, and urban Indian organizations, and those Rural Health Clinics that provide services regardless of ability to

[15] Through the IHS, the federal government funds all three of the I/T/U programmatic components. Tribal contract, or compact, health centers (also called a "638" contract or compact) are operated by tribes or tribal organizations, and urban Indian outpatient health care programs and facilities specialize in caring for American Indians and Alaska Natives. They are operated under the Indian Self-Determination and Education Assistance Act (P.L. Public Law 93-638). Urban Indian Health Centers are designated Federally Qualified Health Centers that provide comprehensive primary care and related services to American Indians and Alaska Natives. The facilities are owned or leased by urban Indian organizations and receive funding through Title V of the Indian Health Care Improvement Act.

[16] Additional NHSC State Loan Repayment Program awards data for this American Rescue Plan Act-funded cycle are available at https://nhsc.hrsa.gov/loan-repayment/state-loan-repayment-program/awards.

pay).[17] HRSA determines the priority of a HPSA by assigning a numerical score based on a calculation weighing a number of factors of need for persons in a given geographic area, including physician-to-population ratio, infant mortality, access to health services, health status, and the ability to pay for health services. While HRSA created the HPSA designation for the placement of NHSC clinicians, more than 30 federal and state agencies and programs currently use the HPSA designation for resource allocation. HRSA is required to publish updated lists of designated HPSAs annually in the *Federal Register* by July 1 of each calendar year.[18]

All HPSAs proposed for withdrawal remain designated until HRSA publishes the annual *Federal Register* notice of designated HPSAs that excludes them. State PCOs may submit new, updated, or reinstatement designation applications based on up-to-date data to replace HPSA designations currently proposed for withdrawal at any time.

HRSA received 1,635 designation applications during FY 2023 from state PCOs, many of which were to update or create new HPSAs in areas where old HPSAs no longer met the designation criteria. HRSA approved many of these applications and continues to work to review and approve the remaining designation applications that qualify.

As of September 30, 2023, there were 8,352 Primary Care HPSAs; 7,395 Dental Health HPSAs; and 6,622 Mental Health HPSAs. Overall, the number of HPSAs increased by 2.5 percent from FY 2022. In consideration of the COVID-19 pandemic's impact on the health workforce, HRSA did not withdraw HPSAs placed in a "proposed for withdrawal" status during FY 2023, to provide state PCOs additional time to work with local communities and HRSA to submit designation information and prepare for potential changes in workforce. HRSA will issue a final *Federal Register* notice in January 2024 to officially withdraw any HPSAs still in a "proposed for withdrawal" status.

Requirement #2: The number of site applications filed under section 333 of the PHS Act in such year for assignment of Corps members and the action taken on each such application.

Section 333 of the PHS Act establishes the framework by which the NHSC evaluates formal requests from facilities seeking eligibility for NHSC recruitment and retention assistance (see **Requirement 7** for a description of the evaluation process). The NHSC determines eligibility based on the following:

- Continued need for health professionals in the area;
- Appropriate and efficient use of NHSC members previously assigned to the entity;
- Support by the community for the assignment of an NHSC member to that entity;
- Unsuccessful efforts by the facility to recruit health professionals from other sources;
- Reasonable prospect of sound financial management by the entity; and

[17] The Health Care Safety Net Amendments of 2002 established the automatic facility HPSA designation for these facilities for a period of 6 years; the Health Care Safety Net Act of 2008 made the automatic facility designation permanent.

[18] HRSA maintains an online database (updated daily) of designated HPSAs and their HPSA scores (http://hpsafind.hrsa.gov).

- Willingness of the entity to support or facilitate mentorship, professional development, and training opportunities for Corps members.

Specific requirements for participation as an NHSC-approved site include providing health services in or to a designated HPSA; providing comprehensive primary care services; providing services on a free or reduced fee schedule basis to individuals at or below 200 percent of the federal poverty level; and accepting patients covered by Medicare, Medicaid, and the Children's Health Insurance Program. More information on site eligibility is available on the NHSC's website (http://www.nhsc.hrsa.gov/sites/index.html).

New Site Application Cycles occur annually, determine the eligibility of new facilities to participate in the NHSC, and provide an opportunity for eligible health care organizations to recruit, hire, and retain qualified clinicians. Site Recertification Application Cycles ensure NHSC-approved sites with an approval expiration date maintain their status and continue to meet NHSC site eligibility criteria and program requirements. The NHSC opened a New Site Application Cycle on April 27, 2023, and opened a Site Recertification Application Cycle on August 17, 2023. In addition, the NHSC accepted streamlined applications from facilities classified as NHSC auto-approved sites (e.g., FQHCs and IHS sites) throughout FY 2023. The cumulative number of NHSC site applications, including NHSC auto-approved sites, submitted during FY 2023 was 3,850, with 3,312 approved, and 538 disapproved. As of September 30, 2023, 2,243 new site and 1,607 recertification applications were approved and included in a total of 21,641 NHSC-approved sites across all programs.

Requirement #3: The number and types of Corps members assigned in such year to HPSAs, the number and types of additional Corps members which the Secretary estimates will be assigned to such areas in the subsequent year, and the need for additional members for the Corps.

In FY 2023, NHSC field strength consisted of 18,355 clinicians fulfilling their service commitments at approved health care sites (see **Appendix A** for the distribution of NHSC clinicians by discipline and program for FY 2023). NHSC recruits clinicians through the NHSC SP and LRP, the S2S LRP, the SUD Workforce LRP, and the Rural Community LRP. Though NHSC clinicians who have chosen the Private Practice Option provided under section 338D of the PHS Act (42 U.S.C. § 254n) and participants in the NHSC State LRP are not considered to be "Corps members,"[19] the yearly NHSC field strength calculation includes them, respectively, as Private Practice Option clinicians, and State LRP participants who have been supported by NHSC funds. The field strength in FY 2023 included participants who began service in that year, as well as those whose service began in previous years and who were still fulfilling a service commitment to NHSC, either through an initial contract or a continuation contract.

[19] "Corps members" is defined in 42 U.S.C. § 254d(a)(3)(B) and has certain guarantees under the law (e.g., members may work half-time to fulfill their service requirement, while non-members (i.e., Private Practice Option) cannot). Awardees through the NHSC State LRP have contracts with states, not the Secretary, and they are not members of the Corps. Both members and non-members are included in the field strength, as noted above, because they are federally funded.

NHSC clinicians who have fulfilled their service commitment and remain in service to underserved communities (see **Requirement 6**) are not included in the field strength calculation. **Figure 1** illustrates the history of NHSC field strength from FY 1972 through FY 2023.

Figure 1: NHSC Field Strength, FY 1972 – FY 2023

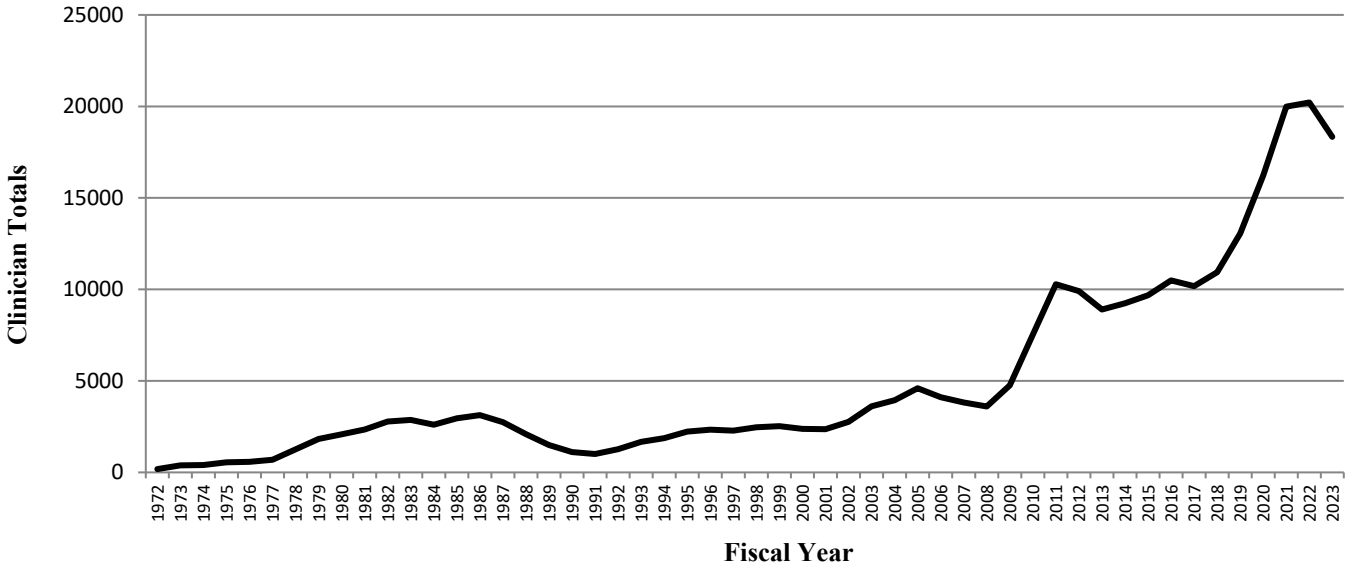

Figure 1: NHSC Field Strength, FY 1972 – FY 2023

The FY 2023 reduction in NHSC clinicians serving, when compared to the NHSC's FY 2022 field strength, reflects the completion of service commitments by clinicians who had earlier NHSC contracts funded by the ARP Act in FY 2021. Clinicians are awarded loan repayment contracts in a given year and then complete their service commitments over a multiyear period, depending on the program. They remain in the field strength beyond the initial year when they were funded; therefore, the impact of a reduction in funding is seen in a reduction in field strength in a later year.

To preserve continuity of services in underserved communities, the NHSC uses its resources to award current participants' continuation contracts prior to awarding contracts to new participants. The significant increase in demand for continuation contracts supporting providers who received ARP-funded awards reduced the amount of funding available to make new awards, resulted in a decrease in NHSC field strength in FY 2023, and is anticipated to similarly impact the field strength in FY 2024. Historically, funding for the NHSC is provided through a combination of multi-year mandatory appropriations, and annual discretionary appropriations. The timing of both mandatory funding extensions and the enactment of annual appropriations has varied significantly, creating uncertainty about NHSC funding levels and the availability of NHSC program funds, which impacts the Program's ability to plan for and make scholarship and loan repayment awards. The NHSC will seek a multi-year reauthorization of mandatory appropriations, as stability in the NHSC's funding encourages health site and applicant confidence in NHSC programs.

Greater diversity of the health care workforce is essential for increasing access to culturally competent care for all patients, improving opportunities and representation of all groups within the health professions, and meeting the overall needs of our diverse population, particularly in the most underserved areas.[20] Many racial and ethnic minority groups are underrepresented nationally within the major health professions,[21] and the NHSC continues to work to bolster clinician diversity. As a result of these efforts, in FY 2023, the percentage of racial and ethnic minority providers currently serving communities through the traditional NHSC LRP and SP[22] exceeded the percentage of racial and ethnic minority providers in the national health care workforce, as shown in the following:

Primary Care Providers

- Black or African American physicians represented 13.3 percent of NHSC LRP and SP participants currently serving in the field, as compared to the 5.7 percent of physicians in the national physician workforce who are Black or African American.[23]
- Hispanic or Latino physicians represented 11.76 percent of NHSC LRP and SP participants in the field, as compared to the 6.9 percent of physicians in the national physician workforce who are Hispanic or Latino.[24]
- American Indian and Alaska Native physicians represented 1.6 percent of NHSC LRP and SP participants in the field, as compared to the 0.3 percent of physicians in the national physician workforce who are American Indians and Alaska Natives.[25]
- Black or African American nurse practitioners represented 16.2 percent of NHSC LRP and SP participants in the field, as compared to the 10 percent of nurse practitioners in the national nurse practitioner workforce who are Black or African American.[26]
- Hispanic or Latino nurse practitioners represented 9.2 percent of NHSC LRP and SP participants in the field, as compared to the 6.7 percent of nurse practitioners in the national nurse practitioner workforce who are Hispanic or Latino.[27]

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[20] Cohen JJ, Gabriel BA, Terrell C. The case for diversity in the health care workforce. *Health Aff (Millwood)*. 2002 Sep-Oct; 21(5): 90-102 (https://www.healthaffairs.org/doi/10.1377/hlthaff.21.5.90).

[21] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015). Rockville, Maryland; 2017 (https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations-technical.pdf).

[22] Additional demographic data for individual clinician awardees of, as well as applicants to, the NHSC's scholarship and loan repayment programs are accessible via the Bureau of Health Workforce Program Data and Tools at https://data.hrsa.gov/topics/health-workforce/bhw-programs.

[23] Association of American Medical Colleges, Physician Specialty Data Report, 2022 (https://www.aamc.org/data-reports/workforce/report/physician-specialty-data-report).

[24] *Ibid.*

[25] *Ibid.*

[26] U.S. Department of Labor, Bureau of Labor Statistics Labor Force Characteristics by Race and Ethnicity, 2022, November 2023, Report 1105, Table 8 (https://www.bls.gov/opub/reports/race-and-ethnicity/2022/home.htm).

[27] *Ibid.*

Behavioral Health Providers

- Asian health services psychologists represented 7.4 percent of NHSC LRP participants, as compared to the 3.2 percent of health services psychologists in the U.S. health care workforce of health services psychologists who are Asian.[28]
- Hispanic or Latino health services psychologists represented 22.2 percent of NHSC LRP participants, as compared to the 8.1 percent of health services psychologists in the U.S. health care workforce of health services psychologists who are Hispanic or Latino.[29]
- Hispanic or Latino licensed clinical social workers represented 15.7 percent of NHSC LRP participants, as compared to the 14.1 percent of licensed clinical social workers in the U.S. health care workforce of licensed clinical social workers who are Hispanic or Latino.[30]

Oral Health Providers

- Black or African American dentists represented 12.5 percent of the NHSC LRP and SP participants currently serving in the field, as compared to the 7.7 percent of dentists in the U.S. health care workforce of dentists who are Black or African American.[31]
- Hispanic or Latino dental hygienists represented 20.8 percent of NHSC LRP participants, as compared to the 12.7 percent of dental hygienists in the U.S. health care workforce of dental hygienists who are Hispanic or Latino.[32]

Based on self-reports, of the 3,178 NHSC scholars (i.e., those in school, pursuing post-graduate training, or awaiting placement at an NHSC-approved service site), 24.2 percent are Black or African American, 16.6 percent are Asian or Pacific Islander, and 1.9 percent are American Indian or Alaska Native. Moreover, 15.7 percent of NHSC scholars self-reported as Hispanic or Latino. Black or African American and American Indian and Alaska Native NHSC scholars exceeded national student enrollment averages in dentistry,[33] medicine,[34] physician assistant,[35] and nursing disciplines,[36] while Hispanic or Latino NHSC scholars exceeded student enrollment averages in dentistry, representing 14.1 percent of the Corps' dental participants, while comprising 10.4 percent of the national student enrollment.[37]

Requirement #4: The recruitment efforts engaged in for the Corps in such year and the number of qualified individuals who applied for service in the Corps in such year.

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[28] *Ibid.*
[29] *Ibid.*
[30] *Ibid.*
[31] *Ibid.*
[32] *Ibid.*
[33] American Dental Association Health Policy Institute, Commission on Dental Accreditation Surveys of Dental Education, 2023 (2022-23 Survey of Dental Education - Report 1 - Academic Programs, Enrollment, and Graduates)
[34] Association of American Medical Colleges, Total U.S. Medical School Enrollment by Race/Ethnicity (Alone) and Gender, 2018-2019 through 2022-2023 (https://www.aamc.org/media/6116/download?attachment).
[35] 36th Physician Assistant Education Association Annual Report, 2021(https://paeaonline.org/wp-content/uploads/2024/02/PAEA-PR36-final-v5-3_updated-2-9-24.pdf).
[36] American Association of Colleges of Nursing, 2021 (https://www.aacnnursing.org/Portals/42/News/Surveys-Data/Race-and-Ethnicity-of-Students-Nursing-Programs.pdf).
[37] See footnote 29.

HRSA's efforts to market and promote all NHSC programs included increased outreach to diverse audiences. Using campaign metrics from social media, web traffic, digital channels, and email/e-blast data, NHSC communications methods continue to adapt and improve while using best practices and focusing on data-driven results to inform effective outreach and recruitment activities.

NHSC Communications Strategy

The NHSC continues to expand its outreach strategy by partnering and collaborating with NHSC alumni; other federal agencies; medical, dental, nursing, and other health professional associations and organizations; academic institutions; and external state and regional partners. The NHSC uses earned media, both organic and paid social media, print media, and digital media to amplify messages regarding the recruitment and retention of qualified providers. Through targeted messaging and engaging imagery, the NHSC has effectively used its available resources to reach a broader audience of potential applicants, promote the program to health professions students, and gain additional stakeholder and partner support to extend the NHSC's message. The result is sustained interest among potential applicants in NHSC programs and an increase in NHSC-approved health care sites and treatment facilities.

NHSC Stakeholder Engagement and Conferences/Exhibits

In FY 2023, the NHSC engaged stakeholders and promoted its scholarship and loan repayment programs through webinars, conference calls, social media, e-blasts (mass distribution emails), presentations, exhibits at 13 conferences, and an advertisement in a conference program. HRSA participated in 70 outreach activities to promote NHSC programs with academic institutions in FY 2023, engaging with medical, dental, nursing, and behavioral health students. By fostering relationships with national health organizations, professional associations, academic institutions, and state PCOs, the NHSC expanded its reach to larger and more diverse audiences including health professions students, clinicians, faculty, school administrators, and sites serving underrepresented racial and ethnic minorities and rural communities.

In addition to professional and student associations, HRSA promoted NHSC program opportunities to students and faculty through regional outreach. Large-scale communications/e-blasts were sent to over 19,000 professional and academic institutions promoting the NHSC's various opportunities throughout the year.

HRSA and IHS worked together to promote NHSC programs as recruitment tools to fill health professional vacancies at sites serving tribal communities. ITUs that exclusively serve tribal members can qualify as NHSC sites and extend their ability to recruit and retain primary care providers by using NHSC scholarship and loan repayment incentives. HRSA's 10 regional offices worked with ITUs and offered assistance in completing site profiles and posting vacancies on the Health Workforce Connector. HRSA worked with ITUs to verify current HPSA scores, enabling those sites to be competitive in recruiting NHSC scholars and loan repayment participants.

As of 2023, 1,029 ITUs were NHSC-approved, and just under 900 clinicians from those sites were in an NHSC commitment. Maintaining nearly 900 NHSC clinicians serving at ITUs is due in part to the $15.6 million annual congressional set-aside in the NHSC's FY 2023 discretionary appropriation to support awards for applicants serving at NHSC-approved ITU sites.

NHSC Recruitment Resources

HRSA's virtual job fairs and the Health Workforce Connector offer platforms to link large numbers of career-seeking clinicians with job opportunities at NHSC-approved sites. While HRSA intends these recruitment tools for the NHSC and other HRSA-supported health care provider recruitment and retention programs, prospective program participants and career-seeking health professionals alike can access these free, public-facing resources.

HRSA held 5 virtual job fairs in 2023. These events promoted over 8,200 job opportunities to nearly 2,500 registered job-seeking health care professionals. The job fair events and promotions contributed to over 3,640 newly created user profiles and almost 3,750 new job opportunities posted on the Health Workforce Connector. The combined job fairs hosted in 2023 included over 220 participating sites, more than double the number of sites that participated in FY 2022, representing 46 states and territories.

NHSC Recruitment Activities

To inform its recruitment strategy and ensure successful outcomes, the NHSC obtains data via application submissions and receives program feedback through digital content engagement metrics and anecdotal information collected for analysis. HRSA then uses this data to develop comprehensive communications plans and to direct promotional resources to where they are most effective. This ongoing, data-driven process has resulted in an increase of qualified applicants across most NHSC programs, increased eligible application award pools, and introduced NHSC programs to new providers and health professional students, resulting in an expanded applicant pool.

As part of a larger outreach strategy, HRSA regularly updates NHSC web content to ensure relevance and accuracy for visitors to the NHSC's website. Using real-time metrics and analyzing customer data to inform content revisions and updates, the site provides information in a way that visitors can easily access and use, as evidenced by an engagement rate considered excellent by industry standards. In FY 2023, the website had nearly 1.5 million visits and more than 3.4 million page views. The most visited pages continue to be the NHSC LRP page, the NHSC.hrsa.gov home page, and the main loan repayment page for the three loan repayment programs for working health professionals.

NHSC program expansion has continued to increase patient access to qualified SUD providers. The NHSC aligns its recruitment activities with guidance from the Department of Health and Human Services' Overdose Prevention Strategy,[38] a complement to the Administration's National Drug Control Strategy, as well as the Administration's national strategy on mental health.[39] Adding to its focused communications campaigns during program application cycles, NHSC recruitment efforts now include pre-launch messaging targeting qualified, eligible applicants to the NHSC SUD Workforce LRP and the NHSC Rural Community LRP.[40]

In FY 2023, the NHSC continued to partner with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Providers Clinical Support System, to connect eligible NHSC clinicians and potential applicants with information regarding free training on medications for OUD treatment.

As of the end of FY 2023, the NHSC was supporting 8,737 behavioral health providers in service in underserved communities.

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[38] HHS's Overdose Prevention Strategy (October 2021) is guided by four principles and anchored by groundbreaking research and evidence-informed methods to improve the health of communities; see https://www.hhs.gov/overdose-prevention/.

[39] FACT SHEET: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union (March 2022) (https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/).

[40] In FY 2023, Tier 1 applicants to the NHSC SUD Workforce LRP are defined as clinicians who are SUD professionals with SUD licensure/certification and employed in either a SAMHSA-certified OUD treatment program or an office-based OUD treatment facility. Tier 2 applicants to the NHSC Rural Community LRP in FY 2023 are those not serving at a Rural Communities Opioid Response Program Consortium Member facility but are working in a SAMHSA-certified OUD treatment program or at an office-based OUD treatment facility (https://www.hrsa.gov/rural-health/rcorp).

HRSA continues to employ successful traditional recruitment strategies, including strong social media campaigns, and paid and earned media such as mat releases. In FY 2023, marketing tactics included creating new video content featuring impact and benefits of NHSC participation and engaging NHSC alumni and currently approved sites to amplify application cycle messages and promote NHSC programs year-round. Combined, these strategies yielded more than 250 million impressions (the number of times that NHSC-generated content was presented to users) and thousands of engagements (e.g., clicks, shares, reposts, and retweets).

In addition to provider recruitment, the FY 2023 outreach campaign sought to recruit eligible health centers and SUD treatment facilities. These efforts resulted in more than 2,240 new sites becoming NHSC-approved (an increase of 2 percent over FY 2022 new site approval numbers). In FY 2023, HRSA also implemented an evergreen site recruitment campaign for facilities classified as NHSC auto-approved (e.g., FQHCs and IHS sites). This resulted in 604 new NHSC auto-approved sites (34.1 percent of all new sites recruited). New sites are vital to the NHSC's ability to widely distribute a qualified, diverse health workforce and to increase access to quality health care across the nation.

- The NHSC conducted direct email outreach to potential program applicants to announce the opening of the FY 2023 NHSC application cycles via GovDelivery. The current GovDelivery opt-in email lists for NHSC programs include more than 1,400,000 recipients. HRSA sent e-blasts to targeted distribution lists that included prospective applicants, academic institutions, and NHSC partners including NHSC alumni, the National Advisory Council on the NHSC, professional associations, NHSC sites, program participants, and state PCOs. As summarized in the table below, these efforts resulted in more than 2,900 applications to the NHSC SP and more than 7,100 new applications to NHSC loan repayment programs (including the NHSC SUD Workforce LRP and the NHSC Rural Community LRP).

Table 1: Eligible[41] Applications and New Awards, FY 2023

Program	*Applications*	*New Awards*
NHSC SP	2,925	180
NHSC LRPs	7,155	4,173
S2S LRP	283	157

[41] Eligible NHSC SP and LRP applicants are determined via automated screening to have met basic NHSC program participation requirements. A second round of individualized screening determines whether eligible applicants are qualified; qualified applicants meet statutory requirements to participate in the NHSC program to which they have applied.

Requirement #5: The number of patients seen and the number of patient visits recorded during such year with respect to each HPSA to which a Corps member was assigned during such year.

In aggregate, NHSC clinicians serving in FY 2023 saw approximately 19.3 million patients and conducted 77 million patient visits. The NHSC estimates that primary care clinicians in the field saw 8.2 million patients and conducted 32.7 million patient visits. The NHSC's dental health clinicians saw an estimated 1.9 million patients and conducted 7.6 million patient visits, and behavioral health clinicians saw approximately 9.2 million patients and conducted 36.7 million patient visits.[42]

Requirement #6: The number of Corps members who elected, and the number of Corps members who did not elect, to continue to provide health services in HPSAs after termination of their service in the Corps and the reasons (as reported to the Secretary) of members who did not elect for not making such election.

The NHSC continues to monitor the retention rates of NHSC scholars and loan repayment participants who are providing services to the underserved beyond the fulfillment of their service commitment. Retained clinicians are those who provide care in a designated HPSA after their service obligation ends, even if the community where they served no longer qualifies as a HPSA.

Short-Term Retention

HRSA uses the Clinician Dashboard (https://data.hrsa.gov/topics/health-workforce/clinician-dashboards) to calculate the retention rate for NHSC providers. The Clinician Dashboard uses National Provider Identifier numbers from the Centers for Medicare & Medicaid Services in conjunction with other data sources to assist in determining the current practice locations of providers who previously served in the NHSC. HRSA estimates the 2-year short-term retention rate among respondents who completed their NHSC service commitment in FY 2021 to be 86 percent (of 2,395 clinicians tracked).

The data sources that contribute to the retention calculations do not include a narrative describing the experiences that NHSC providers have at their sites while completing their service obligations. Historically, the most common reasons given by participants for not remaining at their NHSC-approved site following their service commitment were financial considerations and site operations.[43]

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[42] The NHSC uses aggregate variables based on historical patient data from community health centers to factor the total count of unique patients estimated to have been seen, and the total count of patient visits estimated to have been conducted, by NHSC clinicians within the reporting period. This patient data is documented and reported through the Uniform Data System (UDS), a standardized data collection system used primarily by community health centers to track patient demographics and service utilization.

[43] HRSA last conducted the National Health Service Corps Participant Satisfaction Survey in 2019.

Long-Term Retention

The Clinician Dashboard also collects data that enable the NHSC to measure the long-term retention of NHSC clinicians. While the number of clinicians tracked for the NHSC's short-term retention metric is a subset of the total number of clinicians who completed service within the prior fiscal year, the NHSC clinician long-term retention metric measures retention across the full dataset of all NHSC alumni tracked for 10 service completion years. The data show that 87 percent of those who fulfilled their service commitments between 2012 and 2022 (of 18,610 clinicians tracked) are either still in a HPSA or have remained in the same community where they served, even if it no longer qualifies as a HPSA.

Requirement #7: The results of evaluations and determinations made under section 333(a)(1)(D) during such year.

Section 333 of the PHS Act establishes the framework by which the NHSC evaluates formal requests from facilities seeking eligibility for NHSC recruitment and retention assistance (see **Requirement #2** section above for eligibility requirements and the number of applications received and their disposition). HRSA determines an entity's compliance with section 333(a)(1)(D) of the PHS Act through a three-step process to become an NHSC site.

The first step verifies whether the geographic area, the population group served by the site, or the site itself is designated as a HPSA. As noted in the **Requirement #1** section above, designation of a HPSA involves the evaluation of several factors and data, including the continued need for health professionals in a geographic area. Generally, the need and demand for health professionals is documented by the ratio of the number of individuals in the area to the number of available health professionals (see 42 C.F.R. Part 5).

The second step reviews whether the area, population group, or facility is a HPSA of greatest need. HRSA analyzes and scores indicators to determine which HPSAs are in greatest need with measures of need for primary care, dental, and mental health services such as:

- Ratio of individuals to health providers in the area;
- Rate of low birthweight births;
- Rate of infant mortality;
- Rate of poverty;
- Accessibility of primary health care services (travel time or distance);
- Presence of fluoridated water;
- Ratios of population under 18 and over 65; and
- Prevalence of SUD or alcohol abuse.

HPSA scores range from 0 to 25 for primary care and mental health, and 0 to 26 for dental health; higher scores indicate greater need. Additionally, the NHSC recognized MCTA scores as a subset of designated primary care HPSAs to determine the greatest need for maternity health professionals in FY 2023. MCTA scores range from 0 to 25. Certain types of facilities, including FQHCs and Rural Health Clinics providing access to care regardless of ability to pay, receive an automatic facility HPSA designation.

Third, for an application to be accepted, the submitting entity must meet all the following requirements:

- Be part of a system of care;
- Have a documented record of sound fiscal management;
- Verify appropriate and efficient use of current and former NHSC personnel;
- Be accessible to individuals regardless of their ability to pay;
- Accept Medicaid, Medicare, and Children's Health Insurance Program beneficiaries;
- Maintain a sliding discount fee schedule; and
- Have general community support for the assignment of an NHSC member to that entity.

The NHSC offers NHSC recruitment and retention assistance to all facilities that apply and meet the above requirements. Upon approval of their application, facilities post vacancies on the Health Workforce Connector as they occur. The NHSC lists vacancies on the Health Workforce Connector, which includes primary care, dental health, and behavioral health provider vacancies in designated HPSAs, as well as information related to the services provided and populations served by NHSC-approved sites. The Health Workforce Connector is located at https://connector.hrsa.gov/connector. Vacancies for NHSC-approved sites are also posted to NHSC social media channels throughout the year.

V. Conclusion

As of September 30, 2023, there were 18,335 primary medical care, oral health, and behavioral health practitioners serving at NHSC-approved sites in areas of greatest need across the country, and there were more than 21,000 NHSC-approved sites in the United States. Moreover, the clinicians included in the FY 2023 NHSC field strength provided care to more than 19 million patients. In FY 2023, NHSC diversified and expanded promotion and outreach activities by the Program and engaged in greater collaboration with partners, including added outreach, coordination, and marketing to ensure awareness of the additional NHSC funding available through the ARP Act of 2021.

ARP Act funding supported 3-year grants made to states in FY 2022 under the NHSC State Loan Repayment program which continued to contribute to the field strength in FY 2023. As NHSC clinicians supported with ARP Act funding from FY 2021 and FY 2022 completed their service commitments, the field strength decreased by 9.3 percent from 20,215 in FY 2022, to 18,335 in FY 2023. The NHSC used its mandatory appropriation in FY 2023 to prioritize support for more than 2,400 commitments (continuations) to clinicians already serving high-need and rural communities through its programs. Additionally, NHSC loan repayment programs distributed all eligible maternity care clinicians to communities with identified MCTAs in the NHSC's inaugural cycle for MCTA placements.

The NHSC's limited available resources for new awards resulted in a decrease in the NHSC field strength in FY 2023, due in part to the staggered entry of NHSC S2S LRP and NHSC SP scholars into the field, as well as to the ongoing interest in 1-year continuation contracts from providers previously awarded multi-year initial contracts supported with ARP Act funding.

The NHSC will continue to focus on ensuring that NHSC providers are serving in HPSAs with the greatest need, and on leveraging the existing statutory authority to encourage health

professions students and clinicians to pursue a career in primary care. These efforts, and fostering collaborative partnerships, will allow the NHSC to continue to address the nationwide shortage of health care providers in underserved communities.

Appendix A: National Health Service Corps FY 2023 Field Strength

National Health Service Corps – Overall Field Strength (as of 9/30/2023; full acronym key follows tables)

State	Total	NHSC LRP Total	NHSC SUD LRP Total	NHSC RC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	233	54	10	24	7	1	137	66	167	27	206
AL	99	64	10	15	5	5	0	59	40	72	27
AR	196	159	13	22	0	2	0	75	121	105	91
AS	1	0	1	0	0	0	0	0	1	0	1
AZ	727	377	70	109	33	29	109	455	272	373	354
CA	1,498	967	105	56	131	105	134	1,272	226	1,158	340
CO	437	184	58	44	20	12	119	324	113	274	163
CT	442	279	139	12	3	9	0	407	35	257	185
DC	164	71	15	0	17	10	51	164	0	127	37
DE	53	19	10	7	6	1	10	39	14	20	33
FL	601	437	91	16	30	27	0	510	91	366	235
GA	367	242	39	29	27	12	18	238	129	211	156
GU	5	1	2	1	0	1	0	0	5	2	3
HI	124	59	7	6	13	6	33	62	62	94	30
IA	236	129	18	45	2	6	36	68	168	107	129
ID	263	158	44	24	11	10	16	133	130	133	130
IL	836	543	100	34	46	30	83	616	220	571	265
IN	354	205	60	29	16	6	38	250	104	229	125
KS	193	78	34	55	3	3	20	47	146	115	78
KY	463	230	50	103	8	12	60	98	365	260	203
LA	279	165	37	16	6	10	45	176	103	185	94
MA	352	148	96	4	20	15	69	330	22	289	63
MD	378	229	69	11	13	19	37	311	67	173	205
ME	135	41	29	38	7	3	17	30	105	89	46
MI	674	347	77	59	17	19	155	381	293	327	347
MN	406	235	58	73	7	8	25	185	221	61	345
MO	698	452	74	62	18	32	60	334	364	288	410
MP	19	4	0	1	0	1	13	0	19	1	18
MS	91	75	5	9	1	1	0	34	57	48	43
MT	206	111	16	52	6	11	10	49	157	82	124
NC	489	245	77	53	41	29	44	226	263	267	222
ND	112	21	20	18	0	3	50	44	68	24	88
NE	159	46	30	24	1	3	55	77	82	56	103
NH	44	14	12	17	1	0	0	17	27	30	14
NJ	98	51	26	0	3	3	15	93	5	93	5
NM	294	120	34	91	19	16	14	109	185	106	188
NV	147	41	29	11	2	4	60	87	60	73	74
NY	1,257	795	223	65	40	48	86	997	260	561	696
OH	613	311	106	94	15	13	74	355	258	437	176
OK	484	281	72	125	2	4	0	156	328	125	359
OR	422	182	86	76	22	18	38	214	208	252	170
PA	368	202	49	14	25	16	62	272	96	254	114
PR	111	46	54	11	0	0	0	93	18	104	7
RI	157	50	34	0	4	2	67	157	0	139	18
SC	201	128	23	19	9	10	12	103	98	158	43
SD	102	49	8	28	3	0	14	28	74	26	76
TN	280	113	33	17	12	4	101	167	113	177	103
TX	528	379	72	20	25	23	9	405	123	332	196
UT	280	85	37	30	8	4	116	185	95	73	207
VA	339	163	38	32	15	8	83	177	162	194	145
VI	12	6	2	4	0	0	0	4	8	8	4
VT	115	19	15	30	0	1	50	18	97	115	0
WA	587	308	67	45	58	37	72	420	167	409	178
WI	275	125	25	40	18	7	60	125	150	133	142
WV	258	153	30	32	6	2	35	91	167	195	63
WY	73	23	13	27	4	1	5	11	62	13	60
Total	**18,335**	**10,019**	**2,552**	**1,879**	**806**	**662**	**2,417**	**11,344**	**6,991**	**10,398**	**7,937**
Percentage of Total Field Strength		**54.64%**	**13.92%**	**10.25%**	**4.40%**	**3.61%**	**13.18%**	**61.87%**	**38.13%**	**56.71%**	**43.29%**

National Health Service Corps – Primary Care Field Strength (as of 9/30/2023; full acronym key follows tables)

State	Total	NHSC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	PHY	NP	PA	CNM	RN (State LRP)	PHARM (State LRP)	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	137	30	7	1	99	47	32	19	4	17	18	35	102	14	123
AL	52	45	4	3	0	13	35	4	0	0	0	34	18	40	12
AR	82	82	0	0	0	6	72	4	0	0	0	33	49	72	10
AS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AZ	352	217	30	23	82	97	154	73	12	0	16	242	110	243	109
CA	795	521	89	74	111	226	323	211	22	0	13	709	86	714	81
CO	189	83	13	9	84	67	50	51	11	0	10	155	34	144	45
CT	76	68	3	5	0	8	48	15	5	0	0	73	3	64	12
DC	90	37	16	9	28	46	27	12	5	0	0	90	0	76	14
DE	24	13	4	1	6	7	12	4	1	0	0	22	2	11	13
FL	273	233	20	20	0	73	142	50	8	0	0	222	51	195	78
GA	202	156	20	10	16	61	111	20	9	1	0	133	69	155	47
GU	2	1	0	1	0	1	0	0	1	0	0	0	2	2	0
HI	70	28	11	6	25	31	30	7	0	1	1	35	35	49	21
IA	91	59	1	3	28	15	52	11	5	1	7	30	61	45	46
ID	71	46	6	9	10	19	19	31	0	1	1	25	46	44	27
IL	479	339	38	28	74	131	203	110	33	0	2	362	117	396	83
IN	157	118	15	3	21	33	100	16	8	0	0	120	37	124	33
KS	58	39	1	3	15	7	39	12	0	0	0	17	41	35	23
KY	194	140	5	5	44	30	130	22	2	8	2	39	155	118	76
LA	121	82	4	5	30	22	90	8	1	0	0	66	55	79	42
MA	159	81	14	13	51	39	85	22	1	0	12	145	14	142	17
MD	132	83	9	14	26	53	62	14	3	0	0	102	30	98	34
ME	34	21	2	2	9	12	16	6	0	0	0	8	26	19	15
MI	330	193	9	7	121	107	133	83	7	0	0	181	149	137	193
MN	63	50	0	6	7	13	29	15	2	4	0	30	33	28	35
MO	286	234	10	12	30	100	149	37	0	0	0	110	176	94	192
MP	15	4	0	1	10	4	0	3	1	2	5	0	15	1	14
MS	64	63	1	0	0	20	41	3	0	0	0	30	34	39	25
MT	63	48	2	6	7	13	23	25	0	1	1	15	48	25	38
NC	200	149	29	21	1	52	91	51	6	0	0	102	98	132	68
ND	56	13	0	2	41	6	27	8	0	7	8	13	43	7	49
NE	57	21	1	3	32	15	16	9	0	12	5	27	30	24	33
NH	7	6	1	0	0	1	3	3	0	0	0	2	5	7	0
NJ	35	21	0	1	13	9	21	5	0	0	0	33	2	33	2
NM	99	66	14	11	8	41	39	14	5	0	0	39	60	48	51
NV	78	26	1	4	47	13	24	26	0	3	12	44	34	56	22
NY	545	410	36	40	59	184	211	108	42	0	0	437	108	302	243
OH	213	160	11	7	35	44	134	16	4	0	15	135	78	160	53
OK	123	119	2	2	0	20	72	25	6	0	0	48	75	68	55
OR	135	72	16	14	33	42	37	41	2	2	11	63	72	92	43
PA	179	121	18	11	29	48	83	41	7	0	0	141	38	129	50
PR	14	14	0	0	0	14	0	0	0	0	0	14	0	13	1
RI	67	26	1	2	38	19	27	6	0	15	0	67	0	60	7
SC	109	92	7	9	1	29	60	19	1	0	0	54	55	92	17
SD	22	20	0	0	2	3	15	3	1	0	0	7	15	9	13
TN	141	56	9	4	72	17	96	13	7	1	7	79	62	101	40
TX	246	204	18	19	5	59	142	35	8	2	0	179	67	197	49
UT	101	39	4	2	56	19	16	32	2	30	2	63	38	34	67
VA	148	88	8	5	47	36	83	22	1	3	3	83	65	109	39
VI	5	5	0	0	0	1	1	2	1	0	0	4	1	5	0
VT	49	10	0	0	39	12	23	14	0	0	0	8	41	49	0
WA	258	141	44	28	45	92	78	70	3	5	10	191	67	218	40
WI	94	35	4	6	49	35	36	17	6	0	0	39	55	42	52
WV	135	100	2	2	31	19	74	32	3	0	7	42	93	113	22
WY	18	9	4	1	4	6	6	4	0	0	2	4	14	7	11
Total	**7,795**	**5,137**	**564**	**473**	**1,621**	**2,137**	**3,622**	**1,504**	**246**	**116**	**170**	**4,981**	**2,814**	**5,310**	**2,485**
Percentage of Primary Care Field Strength		**65.90%**	**7.24%**	**6.07%**	**20.80%**	**27.42%**	**46.47%**	**19.29%**	**3.16%**	**1.49%**	**2.18%**	**63.90%**	**36.10%**	**68.12%**	**31.88%**
Percentage of Total Field Strength		**28.02%**	**3.08%**	**2.58%**	**8.84%**	**11.66%**	**19.75%**	**8.20%**	**1.34%**	**0.63%**	**0.93%**	**27.17%**	**15.35%**	**28.96%**	**13.55%**

National Health Service Corps – Oral Health Field Strength (as of 9/30/2023; full acronym key follows tables)

State	Total	NHSC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	DD	RDH	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	23	5	0	0	18	20	3	6	17	0	23
AL	6	5	1	0	0	5	1	5	1	6	0
AR	9	9	0	0	0	7	2	4	5	4	5
AS	0	0	0	0	0	0	0	0	0	0	0
AZ	72	52	3	1	16	57	15	48	24	43	29
CA	224	146	32	24	22	202	22	187	37	190	34
CO	50	27	5	2	16	37	13	32	18	48	2
CT	29	29	0	0	0	14	15	26	3	25	4
DC	20	11	1	0	8	17	3	20	0	20	0
DE	5	3	2	0	0	4	1	4	1	5	0
FL	76	62	10	4	0	64	12	71	5	72	4
GA	21	15	5	1	0	14	7	18	3	18	3
GU	0	0	0	0	0	0	0	0	0	0	0
HI	16	13	2	0	1	15	1	7	9	15	1
IA	34	27	1	1	5	21	13	18	16	34	0
ID	26	21	4	1	0	17	9	12	14	26	0
IL	43	27	6	2	8	41	2	34	9	38	5
IN	20	16	0	3	1	15	5	20	0	19	1
KS	28	24	2	0	2	14	14	14	14	23	5
KY	27	15	2	5	5	22	5	6	21	26	1
LA	26	19	1	1	5	16	10	12	14	24	2
MA	27	19	3	1	4	22	5	27	0	27	0
MD	15	11	3	1	0	11	4	12	3	15	0
ME	11	7	3	1	0	7	4	3	8	11	0
MI	67	45	6	10	6	50	17	52	15	50	17
MN	31	24	4	0	3	19	12	20	11	12	19
MO	108	55	8	17	28	83	25	60	48	100	8
MP	0	0	0	0	0	0	0	0	0	0	0
MS	3	2	0	1	0	3	0	1	2	2	1
MT	27	20	2	4	1	21	6	6	21	16	11
NC	31	15	11	5	0	28	3	17	14	20	11
ND	5	2	0	0	3	5	0	2	3	2	3
NE	11	11	0	0	0	7	4	11	0	11	0
NH	1	1	0	0	0	1	0	1	0	1	0
NJ	13	9	1	1	2	13	0	12	1	12	1
NM	34	21	5	3	5	28	6	17	17	25	9
NV	4	1	1	0	2	3	1	2	2	3	1
NY	112	95	1	7	9	98	14	97	15	93	19
OH	66	28	4	6	28	49	17	47	19	57	9
OK	29	28	0	1	0	20	9	14	15	20	9
OR	42	34	4	2	2	23	19	29	13	36	6
PA	65	34	7	5	19	49	16	50	15	58	7
PR	11	11	0	0	0	11	0	10	1	11	0
RI	18	4	3	0	11	11	7	18	0	13	5
SC	10	10	0	0	0	5	5	9	1	10	0
SD	12	9	3	0	0	10	2	3	9	8	4
TN	14	10	3	0	1	12	2	10	4	10	4
TX	51	41	7	3	0	43	8	34	17	46	5
UT	22	15	4	0	3	17	5	15	7	9	13
VA	33	21	7	2	3	29	4	14	19	30	3
VI	0	0	0	0	0	0	0	0	0	0	0
VT	10	3	0	0	7	7	3	0	10	10	0
WA	92	68	12	4	8	79	13	70	22	86	6
WI	44	25	11	1	7	35	9	23	21	38	6
WV	29	23	3	0	3	18	11	12	17	25	4
WY	0	0	0	0	0	0	0	0	0	0	0
Total	**1,803**	**1,228**	**193**	**120**	**262**	**1,419**	**384**	**1,242**	**561**	**1,503**	**300**
Percentage of Oral Health Field Strength		**68.11%**	**10.70%**	**6.66%**	**14.53%**	**78.70%**	**21.30%**	**68.89%**	**31.11%**	**83.36%**	**16.64%**
Percentage of Total Field Strength		**6.70%**	**1.05%**	**0.65%**	**1.43%**	**7.74%**	**2.09%**	**6.77%**	**3.06%**	**8.20%**	**1.64%**

National Health Service Corps – Mental and Behavioral Health Field Strength (as of 9/30/2023; full acronym key follows tables)

State	Total	NHSC LRP Total	NHSC SUD LRP Total	NHSC RC LRP Total	NHSC SP Total	S2S LRP Total	State LRP Total	PHY MH	NP MH	PA MH	CNM MH	LCSW	LPC	HSP	MFT	PNS	CRNA	SUD Counselor	RN MH	PHARM MH	Non-Rural	Rural	Health Center Grantee	Non-Health Center Grantee
AK	73	19	10	24	0	0	20	7	14	3	1	13	21	4	1	0	0	0	4	5	25	48	13	60
AL	41	14	10	15	0	2	0	7	13	1	0	7	2	2	1	0	0	5	0	3	20	21	26	15
AR	105	68	13	22	0	2	0	2	18	1	0	41	40	0	1	0	0	1	0	1	38	67	29	76
AS	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
AZ	303	108	70	109	0	5	11	18	111	6	3	33	49	7	3	4	3	4	4	58	165	138	87	216
CA	479	300	105	56	10	7	1	39	67	23	1	155	5	72	81	4	0	12	10	10	376	103	254	225
CO	198	74	58	44	2	1	19	11	21	16	0	46	53	17	4	3	0	23	3	1	137	61	82	116
CT	337	182	139	12	0	4	0	11	57	1	0	123	69	20	23	0	0	27	5	1	308	29	168	169
DC	54	23	15	0	0	1	15	2	10	2	0	17	13	5	0	0	0	0	2	3	54	0	31	23
DE	24	3	10	7	0	0	4	1	8	2	0	2	4	1	0	0	0	6	0	0	13	11	4	20
FL	252	142	91	16	0	3	0	16	62	5	0	46	56	32	5	2	0	6	5	17	217	35	99	153
GA	144	71	39	29	2	1	2	4	42	3	0	29	33	12	3	0	0	11	4	3	87	57	38	106
GU	3	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	3	0	3
HI	38	18	7	6	0	0	7	2	2	2	0	3	2	21	0	1	0	0	2	3	20	18	30	8
IA	111	43	18	45	0	2	3	4	37	2	0	21	28	3	2	0	1	8	2	3	20	91	28	83
ID	166	91	44	24	1	0	6	9	27	9	0	58	33	13	1	1	0	10	1	4	96	70	63	103
IL	314	177	100	34	2	0	1	11	63	10	0	103	68	17	3	1	0	28	9	1	220	94	137	177
IN	177	71	60	29	1	0	16	11	54	0	0	38	29	14	1	4	0	11	9	6	110	67	86	91
KS	107	15	34	55	0	0	3	3	35	4	1	13	10	3	3	0	0	21	1	13	16	91	57	50
KY	242	75	50	103	1	2	11	15	68	2	0	56	60	6	0	2	0	12	5	16	53	189	116	126
LA	132	64	37	16	1	4	10	4	30	1	0	38	42	4	0	2	0	5	1	5	98	34	82	50
MA	166	48	96	4	3	1	14	12	60	9	2	32	20	6	1	1	0	3	19	1	158	8	120	46
MD	231	135	69	11	1	4	11	15	54	1	0	72	41	25	1	1	0	16	4	1	197	34	60	171
ME	90	13	29	38	2	0	8	7	36	7	0	23	5	1	0	1	0	5	3	2	19	71	59	31
MI	277	109	77	59	2	2	28	17	41	9	0	117	42	10	2	1	0	18	10	10	148	129	140	137
MN	312	161	58	73	3	2	15	14	45	15	2	80	60	24	22	3	1	35	4	7	135	177	21	291
MO	304	163	74	62	0	3	2	11	66	3	0	70	96	20	3	2	0	12	17	4	164	140	94	210
MP	4	0	0	1	0	0	3	0	0	0	0	0	1	1	0	0	0	2	0	0	0	4	0	4
MS	24	10	5	9	0	0	0	0	6	0	0	5	9	2	0	0	0	2	0	0	3	21	7	17
MT	116	43	16	52	2	1	2	18	14	7	0	20	28	5	0	0	0	11	2	11	28	88	41	75
NC	258	81	77	53	1	3	43	17	39	8	1	79	51	5	4	2	0	19	20	13	107	151	115	143
ND	51	6	20	18	0	1	6	1	9	1	1	9	12	1	0	0	0	9	6	2	29	22	15	36
NE	91	14	30	24	0	0	23	6	19	6	0	8	27	6	0	1	0	11	0	7	39	52	21	70
NH	36	7	12	17	0	0	0	4	12	0	1	5	4	2	1	0	0	4	3	0	14	22	22	14
NJ	50	21	26	0	2	1	0	2	10	5	0	22	1	2	0	0	0	2	1	5	48	2	48	2
NM	161	33	34	91	0	2	1	9	27	4	2	22	28	3	3	0	1	6	4	52	53	108	33	128
NV	65	14	29	11	0	0	11	4	9	2	0	14	7	1	5	0	0	20	1	2	41	24	14	51
NY	600	290	223	65	3	1	18	42	86	17	1	161	109	36	15	3	1	86	30	13	463	137	166	434
OH	334	123	106	94	0	0	11	8	87	6	0	85	67	7	2	0	0	26	27	19	173	161	220	114
OK	332	134	72	125	0	1	0	7	30	10	1	52	153	3	12	0	0	16	9	39	94	238	37	295
OR	245	76	86	76	2	2	3	14	51	25	0	51	43	6	6	3	1	23	11	11	122	123	124	121
PA	124	47	49	14	0	0	14	13	31	3	0	24	30	9	0	0	0	9	2	3	81	43	67	57
PR	86	21	54	11	0	0	0	6	0	0	0	12	0	24	0	0	0	9	19	16	69	17	80	6
RI	72	20	34	0	0	0	18	4	23	1	0	30	7	1	2	0	0	1	2	1	72	0	66	6
SC	82	26	23	19	2	1	11	5	22	4	0	15	20	2	0	1	0	6	1	6	40	42	56	26
SD	68	20	8	28	0	0	12	1	16	2	0	14	15	2	0	1	0	8	2	7	18	50	9	59
TN	125	47	33	17	0	0	28	4	49	1	0	18	26	6	0	5	0	2	5	9	78	47	66	59
TX	231	134	72	20	0	1	4	11	34	8	0	34	92	15	6	1	0	18	3	9	192	39	89	142
UT	157	31	37	30	0	2	57	9	19	20	0	68	26	2	6	0	0	3	1	3	107	50	30	127
VA	158	54	38	32	0	1	33	4	26	1	0	27	71	12	0	0	0	11	3	3	80	78	55	103
VI	7	1	2	4	0	0	0	0	1	0	0	4	1	1	0	0	0	0	0	0	0	7	3	4
VT	56	6	15	30	0	1	4	4	12	5	0	12	10	1	0	0	0	2	8	2	10	46	56	0
WA	237	99	67	45	2	5	19	19	46	15	0	33	48	19	12	0	0	30	3	12	159	78	105	132
WI	137	65	25	40	3	0	4	12	20	0	0	26	43	11	7	1	0	8	0	9	63	74	53	84
WV	94	30	30	32	1	0	1	8	36	6	0	8	5	15	0	1	0	2	1	12	37	57	57	37
WY	55	14	13	27	0	0	1	5	7	1	0	15	18	0	1	0	0	1	0	7	7	48	6	49
Total	**8,737**	**3,654**	**2,552**	**1,879**	**49**	**69**	**534**	**490**	**1,782**	**295**	**17**	**2,109**	**1,833**	**539**	**243**	**52**	**8**	**629**	**288**	**452**	**5,121**	**3,616**	**3,585**	**5,152**
Percentage of Mental Health		**41.82%**	**29.21%**	**21.51%**	**0.56%**	**0.79%**	**6.11%**	**5.61%**	**20.40%**	**3.38%**	**0.2%**	**24.14%**	**20.98%**	**6.17%**	**2.78%**	**0.6%**	**0.1%**	**7.20%**	**3.30%**	**5.17%**	**58.61%**	**41.39%**	**41.03%**	**58.97%**
Percentage of Total Field Strength		**19.93%**	**13.92%**	**10.25%**	**0.27%**	**0.38%**	**2.91%**	**2.67%**	**9.72%**	**1.61%**	**0.1%**	**11.50%**	**10.00%**	**2.94%**	**1.33%**	**0.3%**	**<0.1%**	**3.43%**	**1.57%**	**2.47%**	**27.93%**	**19.72%**	**19.55%**	**28.10%**

Acronyms and Abbreviations Used in Appendix A

(In order of appearance)

Program

NHSC SP	Scholars fulfilling NHSC obligation
NHSC LRP	Traditional loan repayors fulfilling NHSC obligation
NHSC SUD Workforce LRP	Substance use disorder workforce loan repayors fulfilling NHSC obligation
NHSC RC LRP	Rural community loan repayors fulfilling NHSC obligation
NHSC S2S LRP	Students to Service loan repayors fulfilling NHSC obligation
NHSC State LRP	State grant recipients use funding to operate their own loan repayment programs and contract directly with participants who fulfill service obligations in HPSAs within the state in exchange for loan repayment awards

Rural Status

Rural	Rural = clinicians serving in a rural setting
Non-Rural	Non-Rural = clinicians serving in any non-rural setting

Grantee Status

Health Center Grantee	Clinicians serving at a site that receives Section 330 grant funding from the Health Center Program; does not include the State LRP
Non-Health Center Grantee	Clinicians serving at any site type other than a health center funded with Section 330 grants; does not include the State LRP

Discipline

PHY	Allopathic/osteopathic physicians serving in the traditional NHSC LRP, excluding psychiatrists
NP	Nurse practitioners serving in the traditional NHSC LRP, excluding those with psychiatric specialty
PA	Physician assistants serving in the traditional NHSC LRP, excluding those with psychiatric specialty
CNM	Certified nurse midwives serving in the traditional NHSC LRP
RN	Registered nurses (State LRP only)
PHARM	Pharmacists (State LRP only)
DD	Dentists
RDH	Registered dental hygienists
PHY MH	Allopathic/osteopathic psychiatrists serving in the traditional NHSC LRP and the State LRP, and all physicians serving in the SUD Workforce LRP and the RC LRP
NP MH	Nurse practitioners with psychiatric specialty serving in the traditional NHSC LRP and the State LRP, and all nurse practitioners serving in the SUD Workforce LRP and the RC LRP
PA MH	Physician assistants with psychiatric specialty serving in the traditional NHSC LRP and the State LRP, and all physician assistants serving in the SUD Workforce LRP and the RC LRP
CNM MH	Certified nurse midwives serving in the SUD Workforce LRP and the RC LRP
LCSW	Licensed clinical social workers

LPC	Licensed professional counselors
HSP	Health service psychologists
MFT	Marriage and family therapists
PNS	Psychiatric nurse specialists
CRNA	Certified registered nurse anesthetist
SUD Counselor	Substance use disorder counselors serving in the SUD Workforce LRP and the State LRP
RN MH	Registered nurses with a psychiatric specialty serving in the State LRP, and all registered nurses serving in the SUD Workforce LRP
PHARM MH	Pharmacists serving in the SUD Workforce LRP