

Service-Obligated Providers in New York State



HIGHLIGHTS

- In March 2022, more than 2,000 health care professionals were fulfilling service obligations in New York State
- Nearly three-fourths of service-obligated providers were participating in federally sponsored programs
- Nearly one-third of all service-obligated providers were physicians
- Almost half of service-obligated providers provided primary care services
 - Another 42% worked in behavioral health

BACKGROUND

There has been longstanding concern about uneven access to health care services in New York State, particularly for vulnerable populations, including racial and ethnic minorities, the elderly, residents of rural or inner-city communities, and Medicaid beneficiaries. One of the factors believed to contribute to these disparities is a lack of health care providers available to care for the underserved. While New York State has a relatively abundant supply of health care professionals, they are not well distributed,^{1,2} limiting access to care in some communities and ultimately contributing to poor health outcomes for the underserved.

Efforts to expand access to health services in underserved communities include federal and state provider incentive programs. These programs are designed to assist health care organizations in recruiting and retaining health professionals by providing scholarships or loan repayment to individuals in exchange for obligated service. These programs typically require placement in federal or state designated shortage areas or facilities. Additionally, foreign-trained physicians on J-1 training visas can seek a waiver of the “2-year return to home country” requirement by practicing in federally designated shortage areas after completing training.³

Shortage areas include both federally designated health professional shortage areas (HPSAs) and medically underserved areas/populations (MUAs/Ps). HPSA designations reflect documented shortages of primary care, dental, and behavioral health providers and include geographic areas, special populations, or facilities.⁴ MUAs/Ps are designated for primary care only.⁴ As of March 31, 2023, New York State had 195 primary care HPSAs, 136 dental HPSAs, and 206 behavioral health HPSAs.⁵ Additionally, there were 133 MUAs/Ps in New York State as of December 31, 2022.⁶

For New York State’s Regents Loan Forgiveness Program, in addition to placements in HPSAs and in MUA/Ps, shortage facilities include state-operated prisons, facilities operated by the Office of Mental Health and the Office of People with Developmental Disabilities, as well as provider organizations funded by the Office of Addiction Services and Supports.⁷

This research brief profiles the health professionals fulfilling service obligations in New York State through either federal or state provider incentive programs as of March 2022.

METHODS

Data on service-obligated providers used for this brief were provided by:

- US Department of Health and Human Services (HHS)
 - National Health Service Corps (NHSC)
 - Nursing Corps
 - Service-to-Service Loan Repayment (S2S)
- New York State Department of Health, Division of Workforce Transformation (NYSDOH)
 - Appalachian Regional Commission (ARC)
 - Conrad 30
 - Doctors Across New York (DANY)
 - Doctors Across New York, Office of Mental Health (OMH)
 - Primary Care Service Corps (PCSC)
- New York State Education Department
 - Regents Physician Loan Forgiveness Program
- New York State Higher Education Service Corporation (HESC)
 - New York State Licensed Social Worker Loan Forgiveness Program
- Associated Medical Schools of New York State
 - Diversity in Medicine

The Center for Health Workforce Studies staff analyzed these data by Department of Labor (DOL) region; by rural or urban status;* by program; by provider type; and, as applicable, by specialty. A brief description of the service-obligated programs included in this analysis are in Appendix A, and for more detailed descriptions of these programs, go to <https://www.chwsny.org/service-obligated-programs/>.

FINDINGS

In March 2022, more than 2,000 health care professionals were fulfilling service obligations in New York State.

Over 2,000 health care professionals were fulfilling service obligations as of March 2022, including about 900 service-obligated providers working in New York City, 223 working in the Western New York region, and 211 working in the Finger Lakes region (**Table 1**). The North Country region had the highest number of service-obligated providers per capita. Nearly three-fourths of service-obligated providers were fulfilling obligations in urban areas of the state.

* The identification of counties as rural or urban is based on Ebert's Typology, New York State Public Health Law, Article 2, Title 25C, Section 235. A list of urban and rural counties is included in Appendix B.

TABLE 1. The Number and Per Capita Rate of Service-Obligated Providers by Region of Practice

Region	Service-Obligated Providers	Population	Rate Per 100,000 Total Population
Capital District	59	1,083,201	5.4
Central New York	146	777,706	18.8
Finger Lakes	212	1,205,380	17.6
Hudson Valley	111	2,319,719	4.8
Long Island	50	2,840,341	1.8
Mohawk Valley	90	486,158	18.5
New York City	927	8,419,316	11.0
North Country	111	421,361	26.3
Southern Tier	112	636,657	17.6
Western New York	223	1,382,480	16.1
Total	2,041	19,572,319	10.4

Nearly three-fourths of service-obligated providers were participating in federally sponsored programs.

Almost 1,500, or nearly three-quarters, of all service-obligated providers participated in federally sponsored programs, including the NHSC Loan Repayment Program, the NHSC Scholarship Program, the Students to Service Loan Repayment Program, Nurse Corps Scholarship Program, Nurse Corps Loan Repayment Program, and the Substance Use Disorder Treatment and Recovery Loan Repayment Program (Table 2).

Another 350 providers participated in state-sponsored programs, including 151 in the New York State Higher Education Services Corporation Licensed Social Worker Loan Forgiveness Program and 137 in the Doctors Across New York program. Another 150 physicians were fulfilling service obligations through J-1 visa waiver programs.

TABLE 2. Number of Service-Obligated Providers by Program and Region of Practice

Region	J-1 Visa Waiver Programs		Federal Programs				
	ARC	Conrad 30	NHSC LRP	NHSC SP	S2S LRP	Nurse Corp LRP	Nurse Corp SP
Capital District	0	0	41	1	2	3	0
Central New York	6	7	100	3	1	2	0
Finger Lakes	0	7	165	5	2	4	1
Hudson Valley	0	2	80	1	4	0	1
Long Island	0	2	30	0	0	0	0
Mohawk Valley	13	6	57	0	1	1	0
New York City	0	51	583	32	22	38	6
North Country	0	10	67	0	0	3	1
Southern Tier	22	1	60	0	1	4	1
Western New York	18	4	154	1	4	7	1
Total	59	90	1,337	43	37	62	11

Region	State-Sponsored Programs						Total
	DANY	DANY OMH	PCSC	Regents LRP	HESC SW LRP	Diversity in Medicine	
Capital District	5	0	4	2	1	0	59
Central New York	14	5	0	1	7	0	146
Finger Lakes	5	4	2	2	15	0	212
Hudson Valley	3	2	1	3	14	0	111
Long Island	4	1	4	1	8	0	50
Mohawk Valley	6	0	2	0	4	0	90
New York City	58	3	10	37	86	1	927
North Country	14	0	13	0	3	0	111
Southern Tier	15	1	0	0	7	0	112
Western New York	13	3	10	2	6	0	223
Total	137	19	46	48	151	1	2,041

Abbreviations: ARC, Appalachian Regional Commission; NHSC, National Health Service Corps; LRP, Loan Repayment Program; SP, Scholarship Program; S2S, Student to Service; DANY, Doctors Across New York; OMH, Office of Mental Health; PCSC, Primary Care Service Corps; HESC, Higher Education Service Corps; SW, Social Worker.

Nearly one-third of all service-obligated providers were physicians.

Over 660 physicians were fulfilling service obligations in New York State, representing about 33% of all service-obligated providers, followed by over 400 nurse practitioners, and more than 330 licensed social workers (Table 3).

TABLE 3. Number of Service-Obligated Providers by Specialty and Region of Practice

Region	Dental Hygienists	Dentists	Health Services Psychologists	Licensed Professional Counselors	Licensed Social Workers	Marriage and Family Therapists	Nurse Midwives
Capital District	0	3	1	4	9	0	3
Central New York	2	4	1	15	27	4	1
Finger Lakes	1	7	0	32	28	4	6
Hudson Valley	4	17	1	1	20	0	2
Long Island	2	7	0	0	12	0	0
Mohawk Valley	0	2	0	4	8	0	0
New York City	6	62	39	10	159	1	24
North Country	3	2	1	11	20	1	1
Southern Tier	0	1	0	3	20	0	0
Western New York	4	10	6	23	29	0	1
Total	22	115	49	103	332	10	38
Region	Nurse Practitioners	Physician Assistants	Physicians	Registered Nurses	Substance Abuse Disorder Workers	Totals	
Capital District	19	5	14	0	1	59	
Central New York	29	6	41	0	16	146	
Finger Lakes	41	17	50	0	26	212	
Hudson Valley	18	7	37	0	4	111	
Long Island	12	2	15	0	0	50	
Mohawk Valley	20	15	37	0	4	90	
New York City	183	49	338	2	54	927	
North Country	27	13	31	0	1	111	
Southern Tier	30	12	43	0	3	112	
Western New York	43	19	59	0	29	223	
Total	422	145	665	2	138	2,041	

Nearly half of service-obligated providers provided primary care services. Another 42% worked in behavioral health.

Over 900 of service-obligated providers practiced primary care,[†] (44%) (Table 4). Another 854 service-obligated providers, or about 42%, worked in behavioral health.

TABLE 4. Number of Service-Obligated Providers by Provider Type and Region of Practice

Region	Behavioral Health	Oral Health	Primary Care	Specialists/ Hospitalists ^a	Total
Capital District	18	3	37	1	59
Central New York	81	6	46	13	146
Finger Lakes	114	8	84	6	212
Hudson Valley	33	21	55	2	111
Long Island	23	9	15	3	50
Mohawk Valley	24	2	52	12	90
New York City	364	68	420	75	927
North Country	46	5	51	9	111
Southern Tier	38	1	55	18	112
Western New York	113	14	87	9	223
Total	854	137	902	148	2,041

^a Includes hospitalists, emergency medicine, cardiologists, general surgeons, and other specialists regardless of setting.

LIMITATIONS

This brief provides a snapshot of service-obligated providers at a given point in time. Health care providers fulfilling service obligations in March 2022 were identified, but the analysis did not consider the length of time to completion of service obligation. Some recipients might have been just starting their placements, while others might have been close to completing their service obligations.

There are also limitations on program-specific data. County-level data were not available for the HESC social work program so rural or urban status of the participants was not available. In addition, a small number of providers were fulfilling service obligations at more than 1 site. These providers were counted only once in this analysis, although they may have worked in more than 1 county or in more than 1 region. Data on the number of physicians fulfilling service obligations through J-1 visa waivers sponsored by the HHS Exchange Visitor program were not available and not included in the analysis. Provider type (ie, physician, nurse practitioner, mental health counselor, etc.), was not available for the NHSC Substance Use Disorder (SUD) program, and consequently was reported only as SUD loan repayment recipients.

[†] Includes general practitioners, family practitioners, general internists, obstetricians/gynecologists, and general pediatricians, nurse practitioners, and physician assistants working in primary care ambulatory care settings.

DISCUSSION

Service-obligated providers are essential to delivering health care services in underserved communities, including caring for many vulnerable populations. Health care providers, especially safety-net providers, rely on placements from these programs to serve their patients. As one health care provider noted,

The Institute for Family Health, a Federally Qualified Health Center, strives to create a diverse provider workforce that allows our patients to choose a physician or nurse practitioner that they feel comfortable with and is familiar with their culture. Programs like the National Health Service Corp have greatly expanded the pool of diverse candidates for us to recruit from, and most of these providers have the passion and commitment to care for the communities we serve.

~ Dr. Eric Gayle, The Institute for Family Health, Senior Vice President, Chief Medical Officer

The number of service-obligated providers has increased in New York State, growing by 33% from 2020-2022,⁸ with the largest number of service-obligated providers working in New York City, similar to the findings from an analysis conducted in 2020.⁸ These increases have not fully addressed the need for providers in shortage areas, with nearly 6.5 million New Yorkers residing in primary care HPSAs.

Finally, this analysis is a snapshot in time. It was not intended to track where service-obligated providers practice after completing their service obligations. Consequently, there continues to be gaps in understanding the longer-term effectiveness of these programs. The Provider Retention & Information Management System (PRISM),⁹ with 31 states currently participating, begins to fill that gap. PRISM was designed to track NHSC and state loan repayment providers. More research along these lines is needed to better understand whether service-obligated providers participating in programs such as these have a longer-term commitment to working with the underserved.

CONCLUSIONS

Providers fulfilling service obligations through state and federal programs are essential to ensuring access to care for underserved populations. Maintaining funding for federal and state service-obligated programs as well as for federal shortage area designations will ensure continued recruitment of providers to work in high-need communities. Finally, programs like PRISM are needed to better evaluate the long-term impact of service-obligated programs in creating better access to health care.

APPENDIX A. State and Federal Service-Obligated Programs Available to New Yorkers

Program	Summary
Appalachian Regional Commission	The Appalachian Regional Commission works with health care organizations or individual physicians to request waivers of the 2-year home residency requirement for foreign-trained physicians holding J-1 visas in exchange for working in shortage areas in rural Appalachian counties, including 14 of New York State counties adjacent or close to the Pennsylvania border.
Diversity in Medicine Scholarships	The Diversity in Medicine Scholarship Program is funded by the New York State Department of Health and administered through the Associated Medical Schools of New York. The program supports medical school tuition for students who are from educationally and/or economically underserved backgrounds. In exchange for tuition support, recipients agree to work in health professional shortage areas in New York State upon completion of their medical education.
Doctors Across New York	The New York State Doctors Across New York is a series of initiatives to help recruit and retain physicians in medically underserved areas of New York State. The program provides loan repayment and practice support for physicians as well as funding for health care facilities to incentivize physicians for their service.
Doctors Across New York OMH Psychiatrists Loan Repayment Program	The New York State Doctors Across New York OMH Psychiatrists Loan Repayment Program is for psychiatrists working in Office of Mental Health facilities.
Health and Human Services J-1 Visa Waiver Program for Clinical Services	The US Department of Health and Human Services works with physicians to request a waiver for the 2-year home residency requirement for foreign-trained physicians holding J-1 visas . Physicians are required to practice in mental health or in primary care health professional shortage areas.
National Health Service Corps Loan Repayment Program	The National Health Service Corps Loan Repayment Program is designed to recruit and retain medical, nursing, dental, and behavioral/mental health clinicians in health professional shortage areas.
National Health Service Corps Scholarship Program	The National Health Service Corps Scholarship Program provides scholarships to students pursuing primary care health professions training in return for practicing in health professional shortage areas upon completion of their education.
National Health Service Corps Students to Service Loan Repayment Program	The National Health Service Corps Students to Service Loan Repayment Program is loan forgiveness program for dental, medical, midwifery, nurse practitioner, or physician assistant students in their last year of medical or dental school in exchange for practicing in health professional shortage areas upon completion of their training.
Nurse Corps Scholarship	The Nurse Corps Scholarship Program provides scholarships to nursing students in exchange for a service commitment at an eligible health care facility with a critical shortage of nurses in health professional shortage areas.
New York State Licensed Social Worker Loan Forgiveness Program	The New York State Licensed Social Worker Loan Forgiveness Program is for licensed social workers working in human service agencies in health professional shortage areas.
New York State Conrad 30	New York State Conrad 30 program works with health care organizations of physicians to request a waiver for the 2-year home residency requirement for foreign-trained physicians holding J-1 visas . Physicians are required to practice in federally designated underserved areas.
New York State Primary Care Service Corps	The New York State Primary Care Service Corps Loan Repayment Program is designed to recruit and retain non-physician clinical practitioners in health professional shortage areas.
Regents Loan Forgiveness Award Program	Regents Physician Loan Forgiveness Award Program is for primary care, internal medicine, emergency medicine, or psychiatric physicians who provide services in a Regents-designated shortage areas or shortage facilities.
Substance Use Disorder Treatment and Recovery Loan Repayment Program	The Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) is a service-obligated loan repayment program for licensed and registered SUD professionals who provide direct treatment or recovery support of patients with or in recovery from a substance use disorder at a STAR LRP-approved facility.

APPENDIX B. New York State Counties by Department of Labor Regions with Rural/Urban Status

Region	County	Rural/Urban Status
Capital District	Albany County	Urban
	Columbia County	Rural
	Greene County	Rural
	Rensselaer County	Rural
	Saratoga County	Urban
	Schenectady County	Rural
	Warren County	Rural
	Washington County	Rural
Central New York	Cayuga County	Rural
	Cortland County	Rural
	Madison County	Rural
	Onondaga County	Urban
	Oswego County	Rural
Finger Lakes	Genesee County	Rural
	Livingston County	Rural
	Monroe County	Urban
	Ontario County	Rural
	Orleans County	Rural
	Seneca County	Rural
	Wayne County	Rural
	Wyoming County	Rural
Hudson Valley	Yates County	Rural
	Dutchess County	Urban
	Orange County	Urban
	Putnam County	Rural
	Rockland County	Urban
	Sullivan County	Rural
	Ulster County	Rural
Long Island	Westchester County	Urban
	Nassau County	Urban
Mohawk Valley	Suffolk County	Urban
	Fulton County	Rural
	Herkimer County	Rural
	Montgomery County	Rural
	Oneida County	Urban
	Otsego County	Rural
New York City	Schoharie County	Rural
	Bronx County	Urban
	Kings County (Brooklyn)	Urban
	New York County (Manhattan)	Urban
	Queens County	Urban
Richmond County (Staten Island)	Urban	

APPENDIX B. New York State Counties by Department of Labor Regions with Rural/Urban Status (Cont.)

Region	County	Rural/Urban Status
North Country	Clinton County	Rural
	Essex County	Rural
	Franklin County	Rural
	Hamilton County	Rural
	Jefferson County	Rural
	Lewis County	Rural
	St. Lawrence County	Rural
Southern Tier	Broome County	Rural
	Chemung County	Rural
	Chenango County	Rural
	Delaware County	Rural
	Schuylar County	Rural
	Steuben County	Rural
	Tioga County	Rural
	Tompkins County	Rural
Western New York	Allegany County	Rural
	Cattaraugus County	Rural
	Chautauqua County	Rural
	Erie County	Urban
	Niagara County	Urban

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This research was conducted at the Center for Health Workforce Studies (CHWS) by Robert Martiniano, Alexandra Romero, and Jean Moore. Support for this analysis was provided by the New York State Department of Health.

Established in 1996, CHWS is an academic research center based at the School of Public Health, University at Albany, State University of New York (SUNY). The mission of CHWS is to provide timely, accurate data and conduct policy-relevant research about the health workforce. The research conducted by CHWS supports and promotes health workforce planning and policymaking at local, regional, state, and national levels.