

## Montana Rural Physician Incentive Program (MRPIP) Surcharge Notification

## Payment Obligation Notification - All Montana WICHE and WWAMI Medical and Osteopathic Medical Applicants

The Montana Rural Physician Incentive Program (MRPIP) which was established by the 1991 Montana Legislature to encourage physicians to practice in rural and medically underserved areas of the state or to serve medically underserved populations by providing loan repayment assistance to approved physicians practicing in qualifying areas.

Funding for the incentive program is provided by a tuition surcharge/fee that is assessed to all Montana medical and osteopathic medical students supported by the state through the WICHE and WWAMI medical education programs. It is important to understand that if you are selected for either program, you will have an obligation to pay this surcharge/fee annually throughout your program enrollment as a condition of participation. The MRPIP fee is separate from other medical school tuition, fees, and expenses and is payable <u>separately and directly</u> by each student to the MRPIP fund by November 1<sup>st</sup> of each academic year. The amount of the fee changes incrementally as the state per student support rates increase.

The standard MRPIP fee rate for students enrolled in the WICHE program during the 2020/2021 academic year, is estimated to be \$5,224 for medical students and \$3,744 for osteopathic medical students; WWAMI students will pay either \$5,224 or \$13,060 depending upon the practice commitment contract signed prior to confirming enrollment in the program (please reference the WWAMI contract requirements *Statement of Understanding* on the following pages for more information regarding the WWAMI fee amount). Keep this fee in mind when making your financial aid plans and requests in case you are accepted and enroll in either program.

Under the MRPIP loan repayment program, physicians choosing to serve communities or populations that are medically underserved, can apply to the Board of Regents for loan repayment. The MRPIP program offers loan repayment benefits of up to \$150,000 over a five-year service period (or proportionally reduced benefits for shorter service periods) for approved physicians. MRPIP applicants who pay into the fund while participating in the WICHE or WWAMI medical programs receive preference in MRPIP participation over other applicants.

More information regarding the Montana Rural Physician Incentive Program can be found on the web at: <a href="http://mus.edu/Prepare/Pay/Loans/MRPIP.asp">http://mus.edu/Prepare/Pay/Loans/MRPIP.asp</a>. If you have any questions regarding the annual MRPIP surcharge or the Montana Rural Physician Incentive Program, please contact Laurie Tobol at (406) 449-9153 or via email at: <a href="https://tobologram.ncbi.nlm.nc



## Statement of Understanding

## WWAMI Program Contract Requirements – Effective with 2018 Entering Montana WWAMI Class (E-2018) and Forward

The 2017 Montana Legislature passed SB 341 which established a new law requiring contracts for participation in the Montana WWAMI program. As a result, all Montana medical students entering the WWAMI program starting with the 2018 entering class and forward are required to enter into a contract with the State of Montana. These contracts represent binding agreements that must be signed before a student confirms enrollment in the WWAMI program.

Under the contract requirements, students must either 1) commit to return to enter active full-time medical practice in Montana for a minimum of 3 years within 1 year of completing their professional medical training; or 2) decline to commit to return to the state to practice and pay a higher MRPIP fee than the returning students. Furthermore, the new law revised the fees students pay into the Montana Rural Physician Incentive Program (MRPIP) based on the student's contract decision. WWAMI students who contractually commit to return to the state to practice will pay the established standard annual MRPIP fee rate, while those students who contractually do not commit to return to the state to practice, will pay the MRPIP fee at a rate calculated at 2.5 times the standard rate.

All students applying for certification and admission to the WWAMI program must be prepared to make a contract decision between the two WWAMI contracts before they can confirm enrollment in the WWAMI program. Details regarding the two contracts are outlined below:

- WWAMI Agreement to Return to Practice Medicine in Montana—Contractual commitment to return to the state of Montana and enter into full-time professional medical practice for a minimum of 3 years within 1 year of completing professional medical training; this contract includes the following conditions:
  - An obligation to pay the annual MRPIP fee established in §20-26-1502, MCA at the standard rate throughout medical school (total of 4 years);
    - o Example the current standard MRPIP fee is \$5,224/year; a student committing to return to practice will pay MRPIP fees of approximately \$20,896 in total over the 4 years of medical school (based on current rates).
  - An obligation to return to Montana and commence full-time professional medical practice within 1 year of completing professional medical training <u>and</u> to practice medicine full-time for a minimum of 3 years;
    - o Residency in a family medicine residency program in Montana may be credited toward the practice requirement at a rate of one-third year for each year of service in the residency program.
  - Failure to meet the return to practice conditions of the this contract will trigger the conversion of the state support paid on a student's behalf during their participation in the WWAMI program into a loan to be repaid to the state with interest (approximately \$165,000 in total while in medical school);
    - o Repayment of the state support loan will commence 1 year from the student's completion of professional medical training. The loan will have a fixed interest rate equal to the federal Stafford loan rate at the time of conversion, not to exceed 8%, and repayment of the loan must be completed within 10 years.



- > <u>WWAMI Agreement Declining to Commit to Practice in Montana</u> Contractual decision not to commit to return to the state of Montana and enter into professional medical practice; this contract includes the following conditions:
  - An obligation to pay the <u>annual MRPIP</u> fee established in §20-26-1502, MCA at <u>2.5 times the standard rate</u> throughout medical school (total of 4 years);
    - o Example the current standard MRPIP fee is \$5,224/year; calculated at 2.5 times the standard rate, a student who signs a contract not to commit to return to practice will pay MRPIP fees of approximately \$13,060/year or a total of \$52,240 over the 4 years of medical school (based on current rates).

Because the state law establishes a binding contract as a condition of participation in the Montana WWAMI medical program, it is very important for all prospective students to understand the requirements and conditions clearly prior to making their medical school enrollment decisions. Please signify your understanding of these requirements by completing and signing the statement below. If you have any questions regarding the requirements, please contact Laurie Tobol directly at (406) 449-9153 for further clarification before completing the *Statement of Understanding*.

As a prospective Montana medical school applicant, I understand that if I am accepted into the Montana WWAMI medical program for the AY 2020/2021 entering class, prior to confirming my enrollment, I must enter into a binding contract with the State of Montana stating whether or not I will commit to return to the state and enter into active full-time professional practice in Montana for a minimum period of 3 years within 1 year of completing my professional medical training. Furthermore, I understand that my decision to commit or not commit to return to the state to practice will determine the rate at which I must pay the annual MRPIP fee established in §20-26-1502, MCA.

Name (Please Print)
,
Email Address
Signature
Date