Rules and Regulations of the State of Georgia

Department 195 GEORGIA BOARD FOR HEALTH CARE WORKFORCE

Current through Rules and Regulations filed through November 2, 2022

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ADMINISTRATIVE HISTORY

The **Administrative History** following each Rule gives the date on which the Rule was originally filed and its effective date, as well as the date on which any amendment or repeal was filed and its effective date Principal abbreviations used in the Administrative History are as follows:

f. - filed

eff. - effective

R. - Rule (Abbreviated only at the beginning of the control number)

Ch. - Chapter (Abbreviated only at the beginning of the control number)

ER. - Emergency Rule

Rev. - Revised

Note: Emergency Rules are listed in each Rule's Administrative History by Emergency Rule number, date filed and effective date. The Emergency Rule will be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency.

Chapter 195-1 entitled "Administration" has been adopted. Filed August 25, 1978; effective September 14, 1978.

Rule 195-1-.02 has been amended. Filed February 5, 1979; effective February 25, 1979.

Rules 195-1-.01 and .02 have been amended. Filed August 14, 1979; effective September 3, 1979.

Rule 195-1-.03 has been amended. Filed June 6, 1980; effective June 26, 1980.

Chapter 195-2 entitled "Residency Capitation Grants" has been adopted. Filed September 2, 1980; effective September 22, 1980.

Rule 195-1-.01 and .03 have been amended. Chapter 195-3 entitled "Osteopathic General Practice Residency Program" has been adopted. Filed September 4, 1981; effective September 24, 1981.

Rules 195-1-.01 to .03, 195-2-.01, .02, and 195-3-.02 have been amended. Filed February 12, 1985; effective March 4, 1985.

Rules 195-1-.02, .03, and 195-2-.02 have been amended. Filed February 5, 1986; effective February 25, 1986.

Rules 195-1-.01, .02 have been amended. Filed October 9, 1986; effective October 29, 1986.

Chapters 195-1, 195-2 have been amended. Chapter 195-3 has been repealed. Chapter 195-4 entitled "Family Practice Capitation Grants", Chapter 195-5 entitled "Family Practice Student Preceptorship Program" has been adopted. Filed February 12, 1998; effective March 4, 1998.

Chapter 195-7 entitled "Pediatric Residency Capitation Grants" has been adopted. Filed July 7, 1998; effective July 27, 1998.

Chapter 195-1 has been amended. Chapter 195-8 entitled "General Internal Medicine Student Preceptorships" has been adopted. Filed December 14, 1999; effective January 3, 2000.

Chapter 195-1 has been amended. Filed March 13, 2000; effective April 2, 2000.

Chapter 195-2 has been repealed and readopted as "Residency Capitation".

Chapter 195-4 has been repealed and readopted as "Family Practice Residency Capitation".

Chapter 195-7 has been repealed and readopted as "Pediatric Residency Capitation". Filed November 13, 2000; effective December 3, 2000.

Chapters 195-1, 195-2, 195-4, and 195-7 have been repealed and new Chapters adopted.

Chapters 195-6 entitled "Medical School Operating Grants", 195-9 entitled "Medical Student Capitation Program", and 195-10 entitled "Preventive Medicine Residency Capitation" have been adopted. Filed January 10, 2005; effective January 30, 2005.

Chapter 195-1 preamble has been repealed and a new preamble adopted. Rules 195-1-.01, 195-2-.02, 195-4-.03, 195-6-.02, 195-7-.03, 195-9-.02, and 195-10-.02 have been repealed and new Rules adopted.

Chapters 195-5 and 195-8 have been repealed. Filed May 5, 2009; effective May 25, 2009.

Rules 195-6-.01 and 195-9-.01 have been amended. F. Feb. 29, 2012; eff. Mar. 20, 2012.

Chapters 195-11 and 195-12 and Rules 195-11-.01 through 195-11-.15 and 195-12-.01 through 195-12-.10 have been adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.

Rules 195-9-.01 and 195-6-.01 amended. F. Jan. 17, 2013; eff. Feb. 6, 2013.

Rules 195-1-.01 and 195-1-.02 amended. Rules 195-4-.02 and 195-7-.02 repealed. F. Aug. 13, 2013; eff. Sept. 2, 2013.

Chapter 195-13 entitled "New Program Development" adopted. F. Aug. 20, 2013; eff. Sept. 9, 2013.

Chapters 195-11 and 195-12 amended. F. Aug. 28, 2013; eff. Sep. 17, 2013.

Rules 195-11-.01, .02, .03, .06, .07, .09 through .15, 195-12-.01, .02 and .03 amended. F. Jul. 29, 2014; eff. Aug. 18, 2014.

Rule 195-12-.03 amended. F. Feb. 12, 2015; eff. Mar. 4, 2015.

Chapter 195-14 entitled "Dental Loan Repayment Program" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.

Rules 195-11-.01, .02, .13 amended. F. Dec. 15, 2015; eff. Jan. 4, 2016.

Chapters 195-15 entitled "Physician Assistants (PA) Loan Repayment Program," 195-16 entitled "Advanced Practice Registered Nurses (APRN) Loan Repayment Program" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.

Chapters 195-17 entitled "Obstetrics and Gynecology Residency Capitation", 195-18 entitled "Internal Medicine Residency Capitation," 195-19 entitled "General Surgery Residency Capitation," 195-20 entitled "Georgia Physician Loan Repayment Program" adopted. Rules 195-7-.03 and 195-10-.02 repealed and new rule of same title adopted. F. Apr. 18, 2017; eff. May 8, 2017.

Chapter 195-21 entitled "Psychiatry Residency Capitation" adopted. F. July 31, 2017; eff. Aug. 20, 2017.

Rules 195-11-.01, .02, .13, 195-12-.01, 195-14-.01, 195-15-.01, 195-16-.01, 195-20-.01 repealed and new rules of same title adopted. F. July 31, 2018; eff. Aug. 20, 2018.

Chapters 195-6, 195-7, 195-9, 195-10, 195-13, 195-17, 195-19 repealed and new chapters of the same title adopted. Chapters 195-22 entitled "Medical Malpractice Insurance Premium Grant Program", 195-23 entitled "Emergency Medicine Residency Capitation", 195-24 entitled "Mastery in General Surgery Program" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Chapter 195-3 entitled "Dental Malpractice Insurance Premium Grant Program" adopted. Rules 195-2-.02, 195-6-.01 and .02, 195-10-.01 and .02, 195-18-.01, 195-19-.02, 195-21-.02, 195-23-.02, 195-24-.02 repealed in their entirety and new rules of same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Department 195 title changed to "Georgia Board of Health Care Workforce." Rules 195-4.01 and .03, 195-7-.03, 195-9-.01, 195-11-.01, .03, .04, .07, .10, .14 and .15, 195-12-.02 through .06, .08 and .10, 195-16-.01 through .06, .08 and .10, 195-17-.02, 195-20-.01 through .05, .08 and .10, 195-22-.01 through .06, .08 and .10 repealed in their entirety and new rules of same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rules 195-15-.01 through .06, .08 and .10 repealed in their entirety and new rules of same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rules 195-14-.01, .02, .04, .05, .06, .08, .10 repealed in their entirety and new rules of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Rule 195-1-.01 repealed in its entirety and new rule of same title adopted. F. Feb. 3, 2019; eff. Feb. 23, 2020.

Rule 195-21-.02 repealed in its entirety and new rule of same title adopted. F. May 1, 2020; eff. May 21, 2020.

Note: Chapter 195-11 title was incorrectly cited as "Pediatric Residency Capitation" on the Rules and Regulations of the State of Georgia website January 15, 2020 through June 29, 2020 due to an administrative error. The correct title, "Scholarship Program," was updated on the Rules and Regulations website June 30, 2020, as requested by the Agency.

Chapter 195-1. ADMINISTRATION.

Rule 195-1-.01. General Definitions.

(1) "Georgia Board of Health Care Workforce" means the organization and its office, formerly known as the Joint Board of Family Practice, redesignated under Ga. Laws 1998, Act 785 (SB 533), and governed by Title 49 Chapter 10 of the Official Code of Georgia Annotated as amended to address the physician workforce needs of Georgia communities through the support and development of medical education programs and to administer such grants and programs as may be funded from time to time by the Georgia General Assembly relating to the education and training of physicians.

(2) "Board" means the members serving a term of office on Georgia Board of Health Care Workforce. The Board shall be composed of 15 members, all of whom are residents of Georgia.

(a) Four members shall be primary care physicians, at least two of whom shall be from rural areas, four members shall be physicians who are not primary care physicians, at least two of whom shall practice in rural areas, three members shall be representatives of hospitals which are not teaching hospitals, with at least two of those members being a representative of a rural, nonprofit hospital, and two of such members shall be physicians; one member shall be a dentist; one member shall be a physician assistant; one member shall be a nurse practitioner; and one member shall have no connection with the practice of medicine or the provision of health care. The physicians on the Board shall represent a diversity of medical disciplines including, but not limited to, women's health, geriatrics and children's health and to the greatest extent possible, shall be in the active practice of medicine providing direct patient care. The Board shall represent the gender, racial, and geographical diversity of the state.

(b) All members shall be appointed by the Governor and confirmed by the Senate. All members of the board in office on July 1, 2019, shall continue to serve as a member of the board until the expiration of his or her term of office.

1. Successors to members shall be appointed for terms of six years. All members shall serve until their successors are appointed and qualified. Members appointed shall be eligible to serve on the Board until confirmed by the Senate at the session of the General Assembly next following their appointment.

(c) In the case of a vacancy on the Board by reason of death or resignation of a member or for any other cause other than the expiration of the member's term of office, the Board shall by secret ballot elect a temporary successor. If the General Assembly is in session, the temporary successor shall serve until the end of that session. If the General Assembly is not in session, the temporary successor shall serve until the end of the session next following the vacancy or until the expiration of the vacated member's term of office, whichever occurs first. The Governor shall appoint a permanent successor who shall be confirmed by the Senate. The permanent successor shall take office on the first day after the General Assembly adjourns and shall serve for the unexpired term and until his or her successor is appointed and qualified.

(3) The "Executive Director" is the chief administrative officer of the Board and directs the day-to-day operations of its office. The Executive Director is charged to perform all the duties and responsibilities delegated by the Board.

(4) "Standing Committee" means a committee performing a continuous function which will remain in existence permanently or for the life of the assembly that establishes it.

(5) "Special Committee" means a committee organized to carry out a specific task, which at the completion of said task, shall no longer exist.

(6) "Annual Meeting" means the first meeting of the Board after the beginning of the Fiscal Year and at which a quorum is present.

(7) "Georgia Resident" means to qualify as a resident of the state of Georgia for the purpose of participation in the Medical Student Capitation Program, or other Board program where appropriate, an entering freshman student must show he/she has been a legal resident of Georgia for a period of at least twelve months prior to certification of residency. In the event a student is identified as a potential participant after beginning a program of study, the student must demonstrate he/she was a legal resident of Georgia for a period of one year prior to entering the medical school. A Certification of Residency Form, as defined by the "Georgia Board of Health Care Workforce", must be completed. This Form shall be notarized and signed by a judge of the highest court of the county where a student maintains his/her legal residence. Completion of this Form shall constitute sufficient proof of Georgia residency status.

Cite as Ga. Comp. R. & Regs. R. 195-1-.01
Authority: O.C.G.A. §§ 49-10, 49-10-6.
History. Original Rule entitled "General Definitions" adopted. F. Aug. 25, 1978; eff. Sept. 14, 1978.
Amended: F. Aug. 14, 1979; eff. Sept. 3, 1979.
Amended: F. Sept. 4, 1981; eff. Sept. 24, 1981.
Amended: F. Feb. 12, 1985; eff. Mar. 4, 1985.
Amended: F. Oct. 9, 1986; eff. Oct. 29, 1986.
Amended: F. Feb. 12, 1998; eff. Mar. 4, 1998.
Amended: F. Dec. 14, 1999; eff. Jan. 3, 2000.
Amended: F. Mar. 13, 2000; eff. Apr. 2, 2000.

Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule of same title adopted. F. May 5, 2009; eff. May 25, 2009.
Amended: Aug. 13, 2013; eff. Sept. 2, 2013.
Repealed: New Rule of same title adopted. F. Feb. 3, 2020; eff. Feb. 23, 2020.

Rule 195-1-.02. Organization.

(1) Board. The Board is responsible for conducting programs established pursuant to Ga. Law 1998, Act 785 (SB 533), Title 49 Chapter 10 of the Official C ode of Georgia Annotated, as amended, to address the health care workforce needs of Georgia communities through the support and development of medical education programs, to increase the number of physicians and health care practitioners practicing in underserved rural areas and administering other programs as may be assigned from time to time by Georgia's General Assembly.

(2) Officers. The officers of the Board are the Chairman, V ice -Chairman, and Secretary-Treasurer. They are elected, by ballot, for a one-year term at the annual meeting of the Board. Each officer shall serve until his/her successor is elected. Each officer may succeed him/herself for one term. No one person may hold more than one office. The Chairman, upon completion of his/her term, shall serve as an ex-officio member of the Executive Committee. The responsibilities of the officers include the following:

(a) In addition to directing the day-to- day operations of the Board through the Executive Director, the Chairman shall preside at all meetings of the Board. The Chairman also shall appoint all Board committees with the exception of the Nominating Committee, shall submit an Annual Report to the Governor on behalf of the Board, and shall execute contracts and other documents on behalf of the Board.

(b) The Vice-Chairman shall exercise the functions of the Chairman in the absence of the Chairman. The V ice-Chairman may have such other duties as set by the Board from time to time.

(c) The Secretary-Treasurer is responsible for keeping accurate minutes of Board meetings and actions and shall submit official minutes of all Boar d meetings to the Governor and shall present periodic reports to the Board on its budget.

(d) The election of the Board's officers shall occur at the Annual Meeting. At the Board meeting prior to the Annual one, the Board shall elect a Nominating Committee composed of three Board members which shall present its report at the Annual Meeting; additional nominations may be made from the floor. The election of the officers shall be upon a majority vote of the members voting. The officers shall be installed at the next regular meeting of the Board.

(3) Meetings. The Board shall meet at least four times at regular intervals during the year. Meetings shall be conducted under the Roberts Rule of Order. Additional meetings may

be called by the Chairman or upon written request of a majority of members of the Board. The Annual Meeting of the Board is its first meeting of the fiscal year. The meetings of the Board may be held in any place set forth in the notice so long as within the state of Georgia. Not less than seven days notice is required for a meeting except for those called for a special purpose. A majority of members then in office shall constitute a quorum.

(4) Attendance. It shall be the duty of members of the Board to attend the meetings of the Board. If any member fails to attend more than three consecutive regular meetings of the Board, without excuse approved by resolution of the Board, that member's off ice shall be declared vacant, and the Chairman of the Board shall notify the Governor of a vacancy on the Board, and the Governor shall f ill the same.

(5) Standing Committees. Standing Committees of the Board will be the Executive Committee, Budget and Contracts Committee, and Physician Workforce Committee.

(6) Consultation. The Board, as it deems appropriate, shall have the authority to appoint advisory committees to advise it on the fulfillment of its duties. The members of the advisory committee shall not receive any per die m or reimbursement. However, such members shall receive the mileage allowance provided for in Code Section 50-19-7 of the Official Code of Georgia Annotated for the use of a personal car in connection with attendance at meetings called by the Board if funds are appropriated and available.

(7) Administrative Attachment. Effective July 1, 1999, the Board shall be attached to the Department of Community Health for administrative purposes only as defined by Code Section 50-4-3 of the Official Code of Georgia Annotated.

(8) Compensation and allowances. Each member of the Board shall receive the same expense allowance as that received by a member of the General Assembly as provide d by Code Section 45-7-21 for each day or substantial portion thereof that such member is engaged in the work of the Board or for travel as a member of a committee of the Board, which travel has been authorized by the chairman or by action of the Board and shall receive reimbursement for state use mileage as is normally allowed to state employees. No member shall receive the above per diem for more than thirty (30) days in any one calendar year.

(9) Administrative Staff. The Department of Community Health, with the concurrence of the Board shall have the authority to employ such administrative staff as necessary to carry out the functions of the Board. Such staff members will be employed within the limits of the appropriations made to the Board.

Cite as Ga. Comp. R. & Regs. R. 195-1-.02
Authority: O.C.G.A. Secs. 49-10, 49-10-6.
History. Original Rule entitled "Organizations" adopted. F. Aug. 25, 1978; eff. Sept. 14, 1978.
Amended: F. Feb. 5, 1979; eff. Feb. 25, 1979.
Amended: F. Aug. 14, 1979; eff. Sept. 3, 1979.
Amended: F. Feb. 12, 1985; eff. Mar. 4, 1985.
Amended: F. Feb. 5, 1986; eff. Feb. 25, 1986.
Amended: F. Oct. 9, 1986; eff. Oct. 29, 1986.

Amended: F. Feb. 12, 1998; eff. Mar. 4, 1998.
Amended: F. Dec. 14, 1999; eff. Jan. 23, 2000.
Amended: F. Mar. 13, 2000; eff. Apr. 2, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Amended: Aug. 13, 2013; eff. Sept. 2, 2013.

Rule 195-1-.03. Adoption of Rules.

The Board shall adopt from time to time such Rules as it deems necessary for the operation of the Board and its activities. Any Rules promulgated by the Board shall be adopted in compliance with the Georgia Administrative Procedure Act (O.C.G.A. 50-13-4).

Cite as Ga. Comp. R. & Regs. R. 195-1-.03
Authority: O.C.G.A. Sec. 49-10.
History. Original Rule entitled "Board Programs" adopted. F. Aug. 25, 1978; eff. Sept. 14, 1978.
Amended: F. June 6, 1980; eff. June 26, 1980.
Amended: F. Sept. 4, 1981; eff. Sept. 24, 1981.
Amended: F. Feb. 12, 1985; eff. Mar. 4, 1985.
Amended: F. Feb. 5, 1986; eff. Feb. 25, 1986.
Repealed: New Rule entitled "Adoption of Rules" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Amended: F. Dec. 14, 1999; eff. Jan. 23, 2000.
Amended: F. Mar. 13, 2000; eff. Apr. 2, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.

Rule 195-1-.04. Hearing Procedure.

The Board shall conduct all hearings in accordance with the Georgia Administrative Procedure Act (O.C.G.A. 50-13-13).

Cite as Ga. Comp. R. & Regs. R. 195-1-.04
Authority: O.C.G.A. Sec. 49-10, 49-10-6.
History. Original Rule entitled "Adoption of Rules" adopted. F. Aug. 25, 1978; eff. Sept. 14, 1978.
Repealed: New Rule entitled "Hearing Procedure" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Amended: F. Dec. 14, 1999; eff. Jan. 23, 2000.
Amended: F. Mar. 13, 2000; eff. Apr. 2, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.

Rule 195-1-.05. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-1-.05
Authority: O.C.G.A. Sec. 49-10.
History. Original Rule entitled "Hearing Procedure" adopted. F. Aug. 25, 1978; eff. Sept. 14, 1978.
Repealed: F. Feb. 12, 1998; eff. Mar. 4, 1998.

Chapter 195-2. RESIDENCY CAPITATION.

Rule 195-2-.01. General Definitions.

(1) "Residency Capitation" means the funding provided to each designated teaching hospital or hospital authority operating a teaching hospital based on:

(a) The number of residents in training, times a fixed dollar amount; and

(b) The fixed dollar amount being set by the appropriation provided for this purpose divided by the total number of residents in training at all designated teaching hospitals and all teaching hospitals operated by a hospital authority.

(2) "Teaching Hospital" is an institution owned and operated by a hospital authority which provides medical education and training of residents in addition to its other medical care delivery system responsibilities.

(3) "Designated Teaching Hospital" means a teaching hospital operated by other than a hospital authority, which hospital agrees to contract with the state to offer or continue to offer a residency program approved by the American Medical Association, which program has at least 50 residents, and which hospital operates a 24 hour, seven-day-per week emergency room open to the public, and which hospital files a semiannual statistical report consistent with those filed by other state funded tertiary, neonatal obstetrical centers with the Family Health Section of the Department of Human Resources.

(4) "Medical Education and Training" consists of an AMA approved residency program, one year or longer in duration, which prepares graduates of medical schools to practice in a general or specialty field of medicine or surgery.

(5) "Accreditation Council for Graduate Medical Education" is the body established to accredit residency programs.

(6) "Certification" is the process utilized to determine the number of residents receiving medical education and training through a designated teaching hospital or a teaching hospital operated by a hospital authority which serves as the basis for issuance of capitation payments.

(7) "Resident" means an individual at any level of training in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.

(8) "Fellow" refers to an individual undertaking post-graduate residency training in a field of research that is not accredited by the ACGME.

Cite as Ga. Comp. R. & Regs. R. 195-2-.01
Authority: O.C.G.A. Secs. 31-7-95, 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Sept. 2, 1980; eff. Sept. 22, 1980.
Amended: F. Feb. 12, 1985; eff. Mar. 4, 1985.
Amended: F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: New Rule, same title adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.

Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.

Rule 195-2-.02. Residency Capitation Grants-Funding Procedures.

(1) For the annual provision of capitation funds to established Residency Programs, the Board requires the following conditions to be met:

(a) Specification of the total number of residents to be trained during a year;

(b) Maintenance of approval of the program by the Accreditation Council for Graduate Medical Education;

(c) Compliance with all Board guidelines, rules and regulations; and

(d) Submission of all reports and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Certification of Residents. The teaching hospital or designated teaching hospital shall certify the exact number of residents in training during a prescribed period and provide to the Board (utilizing such forms and reporting procedures as may be deemed necessary) information on residents as follows:

(i) A written monthly statement from the authorized official certifying the exact number of residents in training during the period shall be submitted no later than the tenth (10) day of the following month;

(ii) Documentation including resident's name, social security number, medical or surgical specialty, post-graduate year, and indication of resident full-time equivalent participation during report period shall be submitted on a monthly basis, no later than the tenth (10) day of the following month; and

2. Practice Location of Graduates. The teaching hospital or sponsoring institution of the Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g. fellowship), military service obligation, other state or federal service obligation (e.g., Board Georgia Board of Health Care Workforce, National Health Service Corp.), or other activity of those residents completing

their medical education and training at the teaching hospital or designated teaching hospital.

(ii) Teaching hospitals/sponsoring institutions shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of five years post-graduation.

(2) Payment Process. Based upon the Certification of residents supplied by the teaching hospital or designated teaching hospital, the Board shall authorize disbursement of residency capitation funds in quarterly installments.

(a) The Board shall pay up to $10,000 per annum, or prorata reduction thereof, to the hospital authority of a teaching hospital or to a designated teaching hospital for each resident receiving medical education and training. If the funds appropriated for this purpose are insufficient to fund the full amount payable to the hospital authority or the designated teaching hospital, the Board shall calculate the amount otherwise payable in accordance with the funds actually appropriated.

(3) State Audit. The teaching hospital/designated teaching hospital shall be subject to an audit of the financial records relating to Residency Capitation upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose the teaching hospital/designated teaching hospital shall:

(a) Maintain for three (3) years after receipt of Residency Capitation funds, all directly pertinent books, documents, papers and records involving related transactions;

(b) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until that dispute is resolved; and

(c) Be subject to reductions in payment of Residency Capitation funds based upon the findings of a state audit disallowing any previous such payment.

(4) Retention of Graduates. Practice status/location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the teaching hospital/designated teaching hospital.

Cite as Ga. Comp. R. & Regs. R. 195-2-.02
Authority: O.C.G.A. §§ 31-7-95, 49-10.
History. Original Rule entitled "Grant Procedures" adopted. F. Sept. 2, 1980; eff. Sept. 22, 1980.
Amended: F. Feb. 12, 1985; eff. Mar. 4, 1985.

Amended: F. Feb. 5, 1986; eff. Feb. 25, 1986.
Amended: F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: New Rule entitled "Funding Procedures" adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule entitled "Residency Capitation Grants - Funding Procedures" adopted. F. May 5, 2009; eff. May 25, 2009.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Chapter 195-3. DENTAL MALPRACTICE INSURANCE PREMIUM GRANT PROGRAM.

Rule 195-3-.01. General Definitions.

(1) "Dental malpractice insurance" is insurance that covers the dentist against claims brought against him/her in cases of alleged professional negligence in delivery of dental treatment.

(2) "Dental Malpractice Premium" A dental malpractice insurance premium is a periodic payment made on a malpractice insurance policy to keep it in good standing.

(3) "Underserved rural area" a Georgia county with a population of 50,000 or less according to the United States decennial census of 2010 or any future such census.

(4) "Grant Program" is the Georgia Board of Health Care Workforce Dental Malpractice Insurance Premium Assistance Program.

(5) "Georgia Board of Dentistry" is the Board that licenses dentists in the state of Georgia.

(6) "Full time practice" refers to the minimum number of hours of work required per week to fulfill service obligation. Full time is considered at least 40 clinical hours providing direct patient care during normal clinic hours at the approved practice site. On-call hours are not considered part of the full-time requirement. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks in a service year will extend the service commitment.

(7) "Continuing Education" Continuing education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a dentist uses to provide services for patients, the public, or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the profession.

(8) "Weekend or extended hours" Provide weekend or extended hours.

Cite as Ga. Comp. R. & Regs. R. 195-3-.01
Authority: O.C.G.A. § 31-34-20.

History. Original Rule entitled "General Definitions" was filed on September 4, 1981; effective September 24, 1981.
Repealed: F. Feb. 12, 1988; eff. Mar. 4, 1998.
Adopted: New Rule entitled "General Definitions." F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.02. Eligibility Criteria.

(1) To be eligible to receive a grant under the grant program, a dentist shall meet the following qualifications:

(a) Maintain a practice in a medically underserved rural area of the state;

(b) Be licensed to practice in this state and board certified;

(c) Complete a minimum of 100 hours biennially of continuing education as approved by the Georgia Board of Dentistry;

(d) Provide weekend or extended hours; and

(e) Accept Medicaid and Medicare patients.

(f) A dentist receiving a grant pursuant to the grant program shall agree to practice dentistry in such medically underserved rural areas of the state full-time as defined by the Board.

(g) Must meet all other requirements as set forth by the Georgia Board of Health Care Workforce.

Cite as Ga. Comp. R. & Regs. R. 195-3-.02
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Developing Program" was filed on September 4, 1981; effective September 24, 1981.
Repealed: Filed February 12, 1985; effective March 4, 1985.
Repealed: F. Feb. 12, 1988; eff. Mar. 4, 1998.
Adopted: New Rule entitled "Eligibility Criteria." F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.03. Application and Review Process.

(1) Each applicant must:

(a) Submit a completed application form

(b) Submit proof of malpractice policy and premium

(c) Submit a copy of the contract between the practice entity and the applicant or a letter of attestation from the applicant documenting a commitment to full time (40+ hours per week) practice in the rural community where the practice is located.

(2) Administrative Review.

A. The Board Staff shall collect and maintain documentation of the following information from applicants:

1. Application form.

2. Full disclosure of malpractice policy and all premiums

3. Documentation of the county and city/town population where the practice is located.

4. Documentation that the practice will be located in a rural Georgia community with one or less dentists.

5. Copy of the employment contract documenting full time (40+ hours per week) practice in the rural community where the practice is located.

6. Documentation verifying enrollment in the Georgia Medicaid and the Federal Medicare programs.

B. The Board staff shall review application materials to ensure eligibility requirements are met and all required documentation has been submitted.

C. Staff will compile the information and prepare a summary of each applicant for the Board's review.

(3) Board Review, Criteria for Prioritizing Awards and Approval Process.

A. The Board shall receive and act upon all applications made by eligible and qualified applicants.

B. The Board may employ such methods of applicant evaluation that it deems proper.

C. The Board shall not discriminate or evaluate applicants on the basis of race, religion, gender or national origin.

D. The Board shall review all documentation submitted by the applicant and by the Board staff to assure that the applicant meets all eligibility requirements.

E. The Board shall prioritize awards based on the following criteria:

(1) Number of dentists in the county. Counties with no dentists shall be given the highest priority.

F. The Board shall establish a final ranking of all qualified applicants from highest priority to lowest priority and shall allocate awards based on availability of funds and the final rank order of the applicants.

G. Action approving the applicant ranking and order of awards shall be made upon majority vote of the Board members present.

H. Action on awards shall be duly recorded in the minutes of the Board meeting.

Cite as Ga. Comp. R. & Regs. R. 195-3-.03
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Application and Review Process" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.04. Award Process.

A. The Board staff shall notify each applicant in writing of the Board's decision within ten (10) days following the decision.

B. The successful applicant will be asked to accept or decline the award of a loan by signing and submitting an Acceptance Form.

C. Those applicants who accept the grant award shall receive a contract for participation in the Program. Each recipient will be allowed 10 days in which to review the contract with an attorney as to its contents if they so choose.

D. Grant awards that are rejected by the applicant shall be made available to the next highest ranking applicant based on the discussion and action taken by the Board.

E. The Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Board Chairman. Such documents shall be notarized and the official seal affixed.

F. One of two fully executed copies of each loan contract shall be returned to the applicant and one kept in the permanent records of the Georgia Board of Health Care Workforce.

G. Funds shall be reimbursed to the recipient upon receipt of payment.

H. The Board staff shall submit appropriate documentation to the Georgia Department of Community Health to process a payment.

I. The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Program.

Cite as Ga. Comp. R. & Regs. R. 195-3-.04
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Award Process" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.05. Contract Provisions.

A. The term of the Program contract will be one year of coverage.

B. Awards shall be in an amount determined by the Board at the annual meeting of the Board.

C. Recipients shall provide one year of service in a practice location approved by the Board for each contract.

D. If funds are available, the contract may be renewed up to three times, for a total of four contract years.

E. Annual documentation of the physician's practice location and other information is required to be submitted by the recipient in the form of an annual report to the Board. Failure to submit the annual report will eliminate eligibility for contract renewal.

F. Each recipient is responsible for keeping the Board apprised of his/her current address, email address, and telephone number at all times.

G. The Board has the discretionary power to cancel any contract for cause deemed sufficient by the Board. Upon such cancellation by the Board, the total uncredited amount of the grant paid on behalf of the recipient shall at once become due and payable to the Georgia Board of Health Care Workforce.

H. The Georgia Board of Health Care Workforce is vested with full and complete authority to bring an action in its own name against any recipient for any balance due the Georgia Board of Health Care Workforce on any such contract.

Cite as Ga. Comp. R. & Regs. R. 195-3-.05
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Contract Provisions" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.06. Contract Default, Penalty and Appeal.

(1) Default - a recipient will be considered in default of the contractual obligations of the Program under any of the following situations:

(a) The recipient loses his/her Georgia dental license or restrictions are placed on the recipient's license rendering him/her ineligible to practice full-time in agreement with the terms of the contract;

(b) The recipient fails to begin professional practice in a Board approved practice location in a rural community in Georgia as specified in the contract;

(c) The recipient fails to complete the full term of the contractual service obligation in the practice location specified in the contract;

(d) The recipient fails to maintain a full-time practice (40+hours per week) in the Board approved practice location specified in the contract;

(e) The recipient fails to provide Board staff with access to records or other information necessary to monitor the recipient's compliance with contract terms.

(2) Penalty for Default - upon a finding of default by the Board, the recipient shall immediately be liable to the Board for the original principal amount of the grant award provided to the recipient.

(3) Reduction of Penalty - the Georgia Board of Health Care Workforce may consent or agree to a lesser measure of damages in recognition of service provided or for other compelling reasons.

(4) Appeal Process - a recipient found to be in default may appeal the finding to the Board in writing. The recipient shall also have the right to request a hearing before the Board to appeal a finding of default or enforcement of the penalty provision. If a recipient fails to appear for a scheduled hearing before the Board, the recipient shall forfeit all rights of appeal. The Board shall consider appeals from recipients prior to enforcement of the penalty provision.

(5) Enforcement of Penalty - the penalty provision for default shall be enforced by a letter of demand for payment from the Board to the recipient. If the recipient fails to respond to the letter of demand for payment, collection shall be pursued through the civil courts.

Cite as Ga. Comp. R. & Regs. R. 195-3-.06
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Contract Default, Penalty and Appeal" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.07. Monitoring Compliance.

(1) The Board shall monitor compliance primarily through information submitted by the recipient in an annual report, which shall include information about the recipient and about the recipient's practice as it relates to the service obligations of the contract.

(2) The Board may also monitor compliance through on-site visits by Board staff or contracted compliance officers to the recipient's practice during the contract period. Such on-site visits may be unannounced.

(3) The Board, at its discretion, may monitor compliance through other appropriate means.

Cite as Ga. Comp. R. & Regs. R. 195-3-.07
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Monitoring Compliance" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.08. Allocation of Funds.

(1) Funds for all awards granted through the Dental Malpractice program shall be allocated from funding appropriated to the Georgia Board of Health Care Workforce by the Georgia General Assembly for that purpose.

Cite as Ga. Comp. R. & Regs. R. 195-3-.08
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Allocation of Funds" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.09. Accounting Procedures and Reporting Requirements.

(1) The Georgia Department of Community Health shall maintain appropriate records in accordance with the provisions of the Georgia Administrative Attachment Statute, O.C.G.A. § 50-4-3.

Cite as Ga. Comp. R. & Regs. R. 195-3-.09
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Accounting Procedures and Reporting Requirements" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-3-.10. Due Process and Collection Provisions in the Event of Default.

A. **Assessment of Default**.

Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default report to the Board.

B. **Notification and Due Process Procedures.**

In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.**

The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.**

Upon receipt of a notice of default, the recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take place at the next scheduled full board meeting if practicable, or the one immediately following that meeting.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Board Vice-Chair shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing.

   The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

d. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

e. The recipient shall be notified in writing of the Board's decision within ten (10) days of the date of the hearing.

f. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

C. **Enforcement of Penalty Provisions**.

(1) In the event of default and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia treasury.

(3) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-3-.10
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Due Process and Collection Provisions in the Event of Default" adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Chapter 195-4. FAMILY PRACTICE CAPITATION.

Rule 195-4-.01. General Definitions.

(1) "Family Medicine Residency Program" is a three year training program after graduation from medical school designed to provide the ambulatory and hospital experience required to train a family physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in Family Medicine.

(2) "Accreditation Council for Graduate Medical Education" is the body established to accredit residency programs.

(3) "Essentials of Accredited Residencies in Graduate Medical Education" a document published by the American Medical Association in its annual Graduate Medical Education Directory which details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Residency Review Committee of the Accreditation Council for Graduate Medical Education requirements for a critical mass and mix of hospital patients, medical staff facilities, and financial support adequate to sustain a quality program of family practice resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines that there is a shortage of family physicians.

(6) "Developing Program" means a proposed Family Medicine Residency Training Program at a qualified hospital which meets the accreditation requirements of the Accreditation Council for Graduate Medical Education.

(7) "Resident" means an individual at any level of training in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.

(8) "Capitation" means Board funding of designated Family Practice Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(9) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-4-.01
Authority: O.C.G.A. Sec. 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: New Rule same title adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-4-.02. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-4-.02
Authority: O.C.G.A. § 49-10-4*et seq.*
History. Original Rule entitled "Family Practice Training Grants" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: New Rule entitled "Developing Programs" adopted. F. November 13, 2000, eff. December 3, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: Aug. 13, 2013; eff. September 2, 2013.

Rule 195-4-.03. Family Medicine Residency Capitation Funding.

(1) For the annual provision of capitation funds to established Family Medicine Residency Programs, the Board requires the following conditions to be met:

(a) Specification of the total number of residents to be trained during a year;

(b) Maintenance of approval of the Program by the Accreditation Council for Graduate Medical Education;

(c) Compliance with all Board guidelines, rules and regulations;

(d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Graduates. The teaching hospital and/or Family Medicine Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board of Health Care Workforce, National Health Services Corp.), or other activity of those residents completing their medical education and training at the teaching hospital or Family Medicine Residency Program.

(ii) Teaching hospitals/Family Medicine Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of five years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for family physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the Family Medicine Residency Program, the Board shall authorize disbursement of Family Medicine Residency Capitation funding in quarterly installments.

(a) The program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payments shall not be made for any one resident in excess of thirty-six months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) If a resident must extend his/her training over a period in excess of three years, payment will be authorized by the Board pending availability of funds.

(3) State Audit. The Teaching Hospital and/or Family Medicine Residency Program shall be subject to an audit of the financial records relating to Family Medicine Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Teaching Hospital and/or Family Medicine Residency Program shall:

(a) Maintain for three (3) years after receipt of Family Medicine Residency Capitation Funding all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Family Medicine Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of Family Medicine Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. Practice status/location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Teaching Hospital and/or Family Medicine Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-4-.03
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Family Practice Residency Capitation Grants" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: F. Nov. 13, 2000; eff. Dec. 3, 2000.

Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule entitled "Family Medicine Residency Capitation Funding" adopted. F. May 5, 2009; eff. May 25, 2009.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-4-.04. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-4-.04
Authority: Ga. L. 1998, S.B. 533; O.C.G.A. Sec. 49-10.
History. Original Rule entitled "Family Practice Residency Capitation Grants" adopted. F. Feb. 12, 1998; eff; Mar. 4, 1998.
Repealed: F. Nov. 13, 2000; eff. Dec. 3, 2000.

Chapter 195-5. REPEALED (195-5-.01 to 195-5-.02).

Rule 195-5-.01. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-5-.01
Authority: O.C.G.A. Secs. 49-10, 49-10-1*et seq.*
History. Original Rule entitled "General Definitions" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: F. May 5, 2009; eff. May 25, 2009.

Rule 195-5-.02. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-5-.02
Authority: O.C.G.A. Secs. 49-10, 49-10-1*et seq.*
History. Original Rule entitled "Preceptorship Procedures" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: F. May 5, 2009; eff. May 25, 2009.

Chapter 195-6. MEDICAL SCHOOL OPERATING GRANTS.

Rule 195-6-.01. General Definitions.

(1) "Medical School" is a four year program leading to the M.D. or D.O. degree which will prepare its graduates to enter and complete graduate medical education, to qualify for licensure, to provide competent medical care, and to have the educational background necessary for continued learning.

(2) "Liaison Committee on Medical Education" is the body established to accredit programs in medical education leading to the M.D. degree in the United States and territories and,

in cooperation with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

(3) "Accredited" means a medical school has met the national standards set forth by the Liaison Committee on Medical Education.

(4) "Student" is an individual enrolled in a program of medical education leading to the M.D. degree.

(5) "Primary Care and Core Specialty Disciplines" are family medicine, internal medicine, pediatrics, obstetrics/gynecology, emergency medicine, psychiatry and general surgery.

(6) "Medically Underserved" are those geographic areas of the state in which the Board determines that there will be a shortage of physicians.

(7) "Primary Care and Core Specialty Graduates" is the sum of all graduates from the medical school initially enrolled in primary care or core specialty residency programs during the five year period specified in the Agreement each year.

(8) "Primary Care and Core Specialty Residency Programs" are ACGME accredited graduate medical education programs in Family Medicine, Internal Medicine (Categorical), Obstetrics/Gynecology, General Surgery, Psychiatry, Pediatrics (Categorical), Emergency Medicine, Internal Medicine/Pediatrics, or an ACGME recognized graduate medical education program in Internal Medicine/Preventive Medicine, or Internal Medicine/Family Medicine.

(9) "Initially enrolled" is the first graduate medical education program the physician is enrolled in following the award of the Doctor of Medicine degree.

(10) "Total Graduates" is the sum of all graduates receiving the Doctor of Medicine Degree from the medicine school during the five year period specified in the Agreement each year. Graduates who did not enter a graduate medical education program after receiving their medical degree shall be subtracted from the Total Graduates.

(11) "Primary Care and Core Specialty Enrollment Rate" the quotient of primary care and core specialty graduates divided by the total graduates.

Cite as Ga. Comp. R. & Regs. R. 195-6-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Amended: F. Feb. 29, 2012; eff. Mar. 20, 2012.
Amended: F. Jan. 17, 2013; eff. Feb. 6, 2013.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-6-.02. Medical School Operating Grants.

(1) For the annual provision of medical school operating grants to certain designated medical schools, the Board requires the following conditions be met:

(a) Maintenance of accreditation of School by the Liaison Committee on Medical Education;

(b) Compliance with all Board guidelines, rules and regulations;

(c) Submission of all reports, budgets, and such other documentation as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines:

1. Annual Financial Questionnaire. The School shall provide a copy of the most recent submission of the Association of American Medical Colleges (AAMC) Annual Financial Questionnaire by January 10th of each fiscal year.

(d) Development and maintenance of procedures to encourage students to enter primary care specialties and to establish practice in areas of Georgia where unmet need exists for primary care physicians; and collaborate to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on reports submitted by the medical school, the Board shall authorize disbursement of Medical School Operating Grants in monthly installments unless otherwise determined that the disbursement should be paid other than in monthly installments.

(a) The school shall provide quarterly reports of students, by year, including social security numbers (only required for 1st quarter report) and the permanent addresses of the students. The report providing for 3rd and 4th year students shall be submitted by August 10th of each year and the report providing for 1st and 2nd years students shall be submitted by September 1st of each year.

(b) The School shall provide, upon graduation, a list verifying the students' specialty selection and location of residency training.

(3) State Audit. The Medical School shall be subject to an audit of the financial records relating to the Medical School Operating Grant upon request of the Board or other duly authorized officer or employee of the State of Georgia. For this purpose, the Medical School shall:

(a) Maintain for three (3) years after receipt of the Grant all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Medical School Operating Grant in the next "Certified Independent Auditors Report" or in "Audited

Financial Statements" of the Medical School and/or Parent University using an agreed upon methodology; and

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved; and

(d) Be subject to reduction in payment of the Medical School Operating Grant based on the findings of a state audit disallowing any previous such payments.

(4) Practice Location of Graduates. The Medical School shall submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for primary care and other core specialty physicians in Georgia.

(5) Primary Care and Core Specialty Enrollment Rate: The Primary Care and Core Specialty Enrollment Rate will be monitored by the Board for five (5) years from date of graduation. In the event the Primary Care and Core Specialty Enrollment Rate should fall below an acceptable number over any five (5) consecutive year period, the Board shall have the authority to adjust the payment to the School. The acceptable rate will be determined by the Board from time to time and set forth in the Agreement between the Board and the School.

Cite as Ga. Comp. R. & Regs. R. 195-6-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Medical School Operating Grants" adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule of same title adopted. F. May 5, 2009; eff. May 25, 2009.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Chapter 195-7. PEDIATRIC RESIDENCY CAPITATION.

Rule 195-7-.01. General Definitions.

(1) "Pediatric Residency Program" is a three year training program after graduation from medical school designed to provide the ambulatory and hospital experience required to train a pediatrician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in Pediatrics.

(2) "Accreditation Council for Graduate Medical Education (ACGME)" is the body established to accredit residency programs.

(3) "Institutional, Program and Fellowship Requirements" of the ACGME details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Residency Review Committee of the ACGME requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of pediatric resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of pediatricians.

(6) "Developing Program" means a proposed Pediatric Residency Training Program at a qualified hospital which meets the accreditation requirements of the Accreditation Council for Graduate Medical Education.

(7) "Resident" means an individual at any level in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.

(8) "Capitation" means Board funding of designated Pediatric Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(9) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-7-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. July 7, 1998; eff. July 27, 1998.
Repealed: New Rule, same title adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-7-.02. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-7-.02
Authority: O.C.G.A. §§ 49-10-4*et seq.*
History. Original rule entitled "Developing Programs" adopted. F. Jul. 7, 1998; eff. July 27, 1998.
Repealed: New Rule, same title adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: Aug. 13, 2013; eff. September 2, 2013.

Rule 195-7-.03. Pediatric Residency Capitation Funding.

(1) For the annual provision of capitation funds to established Pediatric Residency Programs, the Board requires the following conditions be met:

(a) Specification of the total number of residents to be trained during an academic year;

(b) Maintenance of approval of the Program by the ACGME;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all and reports including, but not limited to, a graduate practice location, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Graduates. The teaching hospital and/or Pediatric Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., "Georgia Board of Health Care Workforce", National Health Services Corp., etc.), or other activity of those residents completing their medical education and training at the teaching hospital or Pediatric Residency Program.

(ii) Teaching hospitals/Pediatric Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of five years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for pediatricians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the Pediatric Residency Program, the Board shall authorize disbursement of pediatric residency capitation funding in quarterly installments.

(a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payment shall not be made for any one resident in excess of thirty-six months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) Payment for a resident who must extend his/her training over a period in excess of three (3) years will be authorized by the Board pending availability of funds.

(3) State Audit. The Teaching Hospital and/or Pediatric Residency Program shall be subject to an audit of the financial records relating to the Pediatric Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Teaching Hospital and/or Pediatric Residency Program shall:

(a) Maintain for three (3) years after receipt of Pediatric Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Pediatric Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of Pediatric Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Teaching Hospital and/or Pediatric Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-7-.03
Authority: O.C.G.A. § 49-10.
History. Original rule entitled "Pediatric Residency Capitation Grants" adopted. F. Jul. 7, 1998; eff. July 27, 1998.
Repealed: New Rule, entitled "Pediatric Residency Capitation Funding" adopted. F. Nov. 13, 2000; eff. Dec. 3, 2000.
Repealed: New Rule of same title adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.

Repealed: New Rule of same title adopted. F. May 5, 2009; eff. May 25, 2009.
Repealed: New Rule of same title adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-8. REPEALED (195-8-.01 to 195-8-.02).

Rule 195-8-.01. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-8-.01
Authority: O.C.G.A. Secs. 49-10, 49-10-1*et seq.*
History. Original Rule entitled "General Definitions" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: F. May 5, 2009; eff. May 25, 2009.

Rule 195-8-.02. Repealed.

Cite as Ga. Comp. R. & Regs. R. 195-8-.02
Authority: O.C.G.A. Secs. 49-10, 49-10-1*et seq.*
History. Original Rule entitled "Preceptorship Procedures" adopted. F. Feb. 12, 1998; eff. Mar. 4, 1998.
Repealed: F. May 5, 2009; eff. May 25, 2009.

Chapter 195-9. MEDICAL STUDENT CAPITATION PROGRAM.

Rule 195-9-.01. General Definitions.

(1) "Medical School" is a four year program leading to the M.D. degree which will prepare its graduates to enter and complete graduate medical education, to qualify for licensure, to provide competent medical care, and to have the educational background necessary for continued learning.

(2) "Liaison Committee on Medical Education" is the body established to accredit programs in medical education leading to the M.D. degree in the United States and territories and, in cooperation with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

(3) "Accredited" means a medical school has met the national standards set forth by the Liaison Committee on Medical Education.

(4) "Student" is an individual enrolled in a program of medical education leading to the M.D. degree.

(5) "Georgia Resident" means to qualify as a resident of the State of Georgia for the purpose of participating in the Medical Student Capitation Program or other Board program where appropriate, an entering freshman student must show he/she has been a legal resident of Georgia for a period of at least twelve months immediately prior to certification of residency. In the event a student is identified as a potential participant after beginning a program of study, the student must demonstrate he/she was a legal resident of Georgia for a period of one year prior to entering the School. A Certification of Residency Form, as defined by the "Georgia Board of Health Care Workforce," must be completed. This Form shall be notarized and signed by a judge of the highest court of the county where a student maintains his/her legal residence. Completion of this Form shall constitute sufficient proof of Georgia Residency status.

(6) "Medically Underserved" are those geographic areas of the state in which the Board determines that there will be a shortage of physicians.

(7) "Primary Care and Core Specialty Disciplines" are family medicine, internal medicine, pediatrics, obstetrics/gynecology, emergency medicine, psychiatry and general surgery.

(8) "Primary Care and Core Specialty Graduates" is the sum of all graduates from the medical school initially enrolled in primary care or core specialty residency programs during the five-year period specified in the Agreement each year.

(9) "Primary Care and Core Specialty Residency Programs" are ACGME accredited graduate medical education programs in Family Medicine, Internal Medicine (Categorical), Obstetrics/Gynecology, General Surgery, Pediatrics (Categorical), Psychiatry, Emergency Medicine, Internal Medicine/Pediatrics, or an ACGME recognized graduate medical education program in Internal Medicine/Preventive Medicine, or Internal Medicine/Family Medicine.

(10) "Initially enrolled" is the first graduate medical education program the physician is enrolled in following the award of the Doctor of Medicine degree.

(11) "Total Graduates" is the sum of all graduates receiving the Doctor of Medicine Degree from the medical school during the five year period specified in the Agreement each year. Graduates who did not enter a graduate medical education program after receiving their medical degree shall be subtracted from the Total Graduates.

(12) "Primary Care and Core Specialty Enrollment Rate" the quotient of primary care and core specialty graduates divided by the total graduates.

Cite as Ga. Comp. R. & Regs. R. 195-9-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Amended: F. Feb. 29, 2012; eff. Mar. 20, 2012.
Amended: F. Jan. 17, 2013; eff. Feb. 6, 2013.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-9-.02. Medical Student Capitation Program.

(1) For the annual provision of medical student capitation to certain designated medical schools, the Board requires the following conditions be met:

(a) Maintenance of accreditation of School by the Liaison Committee on Medical Education;

(b) Compliance with all Board guidelines, rules and regulations;

(c) Submission of all reports, budgets, and such other documentation as may be reasonably required by the Board and/or outlined in the GBPW's Report Guidelines:

(2) Payment Process. Based on reports submitted by the medical school, the Board shall authorize disbursement of Medical Student Capitation Program funding upon receipt of the statement of Georgia residents, invoice and other documentation required in the Agreement to be submitted with the statement.

(a) The school shall submit a statement subject to approval by the Board from the appropriate institutional official, stating that each medical student participating in the Capitation Program under the Agreement has been deemed by the official to be a resident of Georgia. Along with the statement, the Medical School shall submit invoices to the Board listing the name, medical school year, social security numbers and the permanent addresses of the students participating in the Medical Student Capitation Program and a copy of the Certification of Residency Form for each new participant by September 15th of the Agreement period. The statement shall note the total number of Georgia residents enrolled if different from the invoiced number of residents along with the total number of medical students enrolled in the Medical School during the Agreement period.

(b) The School shall provide, upon graduation, a list verifying the students' specialty selection and location of residency training.

(3) State Audit. The Medical School shall be subject to an audit of the financial records relating to the Medical Student Capitation Program upon request of the Board or other duly authorized officer or employee of the State of Georgia. For this purpose, the Medical School shall:

(a) Maintain for three (3) years after receipt of the Grant all directly pertinent books, documents, papers, and records involving related transactions;

(b) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved; and

(c) Be subject to reduction in payment of the Medical Student Capitation Program funding based on the findings of a state audit disallowing any previous such payments.

(4) Primary Care and Core Specialty Enrollment Rate: The Primary Care and Core Specialty Enrollment Rate will be monitored by the Board for five (5) years from date of graduation. In the event the Primary Care and Core Specialty Enrollment Rate should fall below an acceptable number over any five (5) consecutive year period, the Board shall have the authority to adjust the payment to the School. The acceptable rate will be determined by the Board from time to time and set forth in the Agreement between the Board and the School.

Cite as Ga. Comp. R. & Regs. R. 195-9-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Medical Student Capitation Program" adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule of same title adopted. F. May 5, 2009; eff. May 25, 2009.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Chapter 195-10. PREVENTIVE MEDICINE RESIDENCY CAPITATION.

Rule 195-10-.01. General Definitions.

(1) "Preventive Medicine Residency Program" is a one or two-year training program after graduation from medical school designed to provide the experience required to train a preventive medicine physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in Preventive Medicine.

(2) "Accreditation Council for Graduate Medical Education (ACGME)" is the body established to accredit residency programs.

(3) "Institutional, Program and Fellowship Requirements" of the ACGME details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Residency Review Committee of the Accreditation Council for Graduate Medical Education requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of preventive medicine resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of preventive medicine physicians.

(6) "Resident" means an individual at any level in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.

(7) "Capitation" means Board funding of designated Preventive Medicine Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(8) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-10-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Rule 195-10-.02. Preventive Medicine Residency Capitation Funding.

(1) For the annual provision of capitation funds to designated Preventive Medicine Residency Programs, the Board requires the following conditions be met:

(a) Notification of the total number of residents to be trained during an academic year;

(b) Maintenance of approval of the Program by the ACGME;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Graduates. The medical school and/or Preventive Medicine Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., National Health Services Corp., etc.), or other activity of those

residents completing their medical education and training at the medical school or Preventive Medicine Residency Program.

(ii) Medical Schools/Preventive Medicine Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of five-years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for preventive medicine physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the Preventive Medicine Residency Program, the Board shall authorize disbursement of preventive medicine residency capitation funding in quarterly installments.

(a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payment shall not be made for any one resident in excess of twenty-four months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) Payment for a resident who must extend his/her training over a period in excess of two-years (2) will be authorized by the Board pending availability of funds.

(3) State Audit. The Medical School and/or Preventive Medicine Residency Program shall be subject to an audit of the financial records relating to the Preventive Medicine Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Medical School and/or Preventive Medicine Residency Program shall:

(a) Maintain for three (3) years after receipt of Preventive Medicine Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Preventive Medicine Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of Preventive Medicine Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Medical School and/or Preventive Medicine Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-10-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Preventive Medicine Residency Capitation Funding" adopted. F. Jan. 10, 2005; eff. Jan. 30, 2005.
Repealed: New Rule of same title adopted. F. May 5, 2009; eff. May 25, 2009.
Repealed: New Rule of same title adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Chapter 195-11. SCHOLARSHIP PROGRAM.

Rule 195-11-.01. General Definitions.

(1) "Georgia Board of Health Care Workforce" means the organization and its office created under O.C.G.A. § 20-3-510 et seq. and authorized to administer a medical scholarship program.

(2) "Scholarship Program" refers to that program of the Georgia Board of Health Care Workforce authorized under O.C.G.A. § 20-3-512 et seq., which awards financial scholarships to medical students who, in return, agree to become practicing physicians in rural areas of Georgia.

(3) "Scholarship Contract" refers to the legally binding agreement between Georgia Board of Health Care Workforce and the medical student recipient.

(4) "Scholarship Award" means the amount of state appropriated funds available to be awarded through contracts between the Georgia Board of Health Care Workforce and medical student recipients.

(5) "Bona fide Citizen of the United States and Legal Resident of Georgia" refers to, as minimum qualification, any eligible applicant for scholarship funds who is a citizen of the United States and who has established residence in the State of Georgia. Residence is verified by submission of a Certification of Residency form duly executed by the Clerk of Court in the county of the applicant's legal Georgia residence.

(6) "Eligible and Qualified Student" refers to any bona fide citizen of the United States and Georgia resident who has been accepted into an accredited medical school seeking either the degree of Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

(7) "Scholarship Recipient" refers to an applicant who has received and accepted the award of a scholarship and signed a contract and other required documents agreeing to practice such specialty in a rural location in Georgia, as approved by the Board.

(8) "Medical School" means an institution of medical education located in the United States that has received accreditation or provisional accreditation by the Liaison Committee on Medical Education (LCME) or the Bureau of Professional Education of the American Osteopathic Association (AOA) for a program in medical education designed to qualify the graduate for licensure by the Georgia Composite Medical Board.

(9) "Service Obligation" means the period of service completed by the scholarship recipient in a practice location approved by the Board in a rural area of Georgia or in a designated state facility as required under the provisions of the scholarship contract. The service obligation must begin within ninety (90) days of the completion of an accredited graduated medical education program.

(10) "Strong Commitment" means evidence from interviews and personal statements, or other instruments that the Board, in its sole judgment, deems to be predictive of the student's future practice of medicine in a rural community in Georgia.

(11) "Approved Practice Location" means the Board has approved a practice location for service repayment for the primary care specialties of family medicine, general internal medicine, and general pediatrics in a rural county in Georgia of 50,000 population or less according to the United States decennial census of 2010 or any future such census, or in an area of this state which is rural and underserved by primary care physicians as determined by the Board, or a hospital or facility operated by or under the jurisdiction of the Department of Public Health, or a facility operated by or under the jurisdiction of the Department of Corrections, or a facility operated by or under the jurisdiction of the Department of Juvenile Justice or a facility operated by or under the jurisdiction of the Department of Behavioral Health and Developmental Disabilities. Facilities falling under jurisdiction of the mentioned state agencies must include physician employment by approved agency or, in the case of contracted employment, the physician must be

treating patients of the approved agency with equal provisions given to that agency's missions.

(12) "Underserved and Rural Area for the primary care specialty of Obstetrics/Gynecology and other critical need specialties" is defined as a regional area composed of counties located in rural Georgia where an unmet need for physicians in the primary care specialty of Obstetrics/Gynecology and other critical needs specialties exists as determined by the Georgia Board of Health Care Workforce and approved by the commissioners of Community Health and Public Health.

(13) "Census Count" means the population figures published by the United States Decennial Census of the United States Bureau of the Census. For Scholarship Agreements signed during the period of January 1, 2011 through December 31, 2020, the 2010 Census Count shall serve as the authority for populations regarding eligibility of practice locations. For Scholarship Agreements signed during the period of January 1, 2001 through December 31, 2010, the 2000 Census Count shall serve as the authority for populations regarding eligibility of practice locations. For Scholarship Agreements signed during the period of January 1, 1991 through December 31, 2000, the 1990 Census Count shall serve as the authority for populations regarding eligibility of practice locations.

(14) "Contract Renewal" means the yearly renewal of the scholarship contract between the recipient and the Board provided the recipient is not repeating coursework. The contract shall not be renewed more than three times for a total of four years of medical school obligation. The contract shall not be renewed if the recipient fails to submit the Annual Report by June 15th of each year.

(15) "Annual Report" means a report the recipient must provide each year by the deadline as designated by the Board. The contract will not be renewed if the scholarship recipient fails to submit the Annual Report by the due date. The Annual Report must include:

(a) Name

(b) Address

(c) Enrollment status and verification of good academic standing at the medical school

(d) Graduation date

(e) Official Transcript from Medical School

(f) Continued interest and recommitment to rural practice

(16) "Board Approval" refers to the action of the Board on matters including, but not limited to:

(a) Practice Location

(b) Deferment of Contractual Obligation for:

1. Medical school enrollment beyond four years

2. Relinquishing scholarship award; declining scholarship funds

3. Chief resident year

4. Additional Graduate Medical Education training beyond the initial residency

5. Special deferment requests approved on a case by case basis by the Board.

(17) "Award Amount" refers to the annual award provided to a scholarship recipient. At its annual meeting, the Georgia Board of Health Care Workforce may, within its discretion, set the award amount for new scholarships within the limit of funds appropriated by the General Assembly for the fiscal year. Students whose applications are approved shall receive a loan or scholarship in an amount to be determined by the Board to defray the tuition and other expenses of the applicant in an accredited medical school in the United States which has received accreditation or provisional accreditation by the Liaison Committee on Medical Education or the Bureau of Professional Education of the American Osteopathic Association for a program in medical education designed to qualify the graduate for licensure by the Georgia Composite Medical Board. Said amount shall be set forth in the official minutes of the Board.

(18) "Interest" refers to the rate of interest, as it applies to default in the event the scholarship recipient does not complete a medical degree or is unable to obtain licensure from the Georgia Composite Medical Board. The Board shall set the interest rate at its annual meeting and the interest shall be no less than twelve percent (12%) per annum compounded annually to the date the scholarship or loan is paid in full; provided, however, that the Board may consent to or agree to a lesser measure of damages for compelling reasons as determined by the Board.

(19) "Internship" means the first year of post-graduate medical training after recipient obtains an osteopathic medical school degree. The official use of the terms "intern" and "internship" was discontinued in allopathic medical education in 1976 in favor of referring to all physicians enrolled in graduate medical education programs as "residents."

(20) "Residency Training and Graduate Medical Education" means an Accreditation Council on Graduate Medical Education (A.C.G.M.E.) or American Osteopathic Association (A.O.A.) accredited education program after graduation from medical school that provides resident physicians, under supervision, with the practice experience,

knowledge and skills necessary to become independent practitioners in a specified area of medical practice.

(21) "Metropolitan Statistical Areas (MSAs)" refers to those Georgia counties that the Board will not approve for service repayment for contracts written July 1, 1992 through June 30, 1999 by virtue of being deemed by the Board as not rural.

(22) "Residency or Graduate Medical Education" refers to those graduate medical education training programs, which lead to board certification in specialties most often recruited and retained in rural areas of Georgia. For scholarship recipients receiving the initial award after July 1, 2014, such specialties are limited to: Family Medicine, General Internal Medicine, and General Pediatrics. State General Appropriations will be used to fund scholarships for these specialties only.

(23) "Default" means breach of contract by the recipient.

(24) "Ad Damnum or Triple Damages" refers to the penalty resulting from a scholarship recipient defaulting on the contractual service obligation. Default requires immediate repayment of triple the total principal amount received less any pro-rated amount for repaid service as provided in the contract. The Board may consent or agree to a lesser measure of damages as determined by the Board.

(25) "Student Default" refers to scholarship recipients who are dismissed for either academic or disciplinary reasons from the college or school of medicine he or she is attending; voluntarily terminates his or her training and education in such institution for any reason prior to completion of training; or are unable to obtain licensure from the Georgia Composite Medical Board to practice medicine. These persons are immediately liable to the Board for all sums advanced with interest at the minimum rate of 12 percent per annum from the date of each payment by the Board and compounded annually to the date the scholarship or loan is paid in full; provided, however, that the Board may consent or agree to a lesser measure of damages for compelling reasons as determined by the Board.

(26) "Cancellation of Contract" refers to the discretionary power of the Georgia Board of Health Care Workforce to cancel any contract for cause deemed sufficient by the Board, provided such authority is not exercised unreasonably or arbitrarily.

(27) "Full Time" refers to the minimum number of hours of work required per week to fulfill service obligation. Full time is considered at least 32 clinical hours providing direct patient care during normal clinic hours at the approved practice site. Remaining hours must be spent providing inpatient care to patients and/or in practice-related administrative activities. On-call hours are not considered part of the full time requirement. Full time hours for an OBGYN or Family Medicine physicians who practice OB are considered at least 21 of the minimum 40 hours work week must be spent providing direct patient care during normal clinic hours at the approved practice site. The remaining hours must be spent providing inpatient care to patients of the approved site, and/or in practice related administrative activities not to exceed 8 hours

per week. 40 hours per week for General Surgery is combined clinical/office hours and surgery/inpatient care with no more than 8 hours per week devoted to practice related administrative duties. For all specialties employed under state jurisdiction, the full time equivalent as recognized by the respective state or federal agency is acceptable. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks in a service year will extend the service commitment.

(28) "Practice" refers to providing direct patient care in Board approved rural and underserved areas located within the State of Georgia.

(29) "Direct Patient Care" refers to hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring.

(30) "Inability to Obtain License to Practice Medicine in Georgia" refers to failing to complete the Steps 1, 2 (clinical skills and clinical knowledge components) and 3 of the United States Medical Licensing Examination (USMLE) or Levels 1, 2 (cognitive evaluation and performance evaluation components), and 3 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) by the time the scholarship recipient completes their primary care residency training program.

(31) "Compelling reasons" refers to conditions such as a life threatening illness or loss of ability to practice medicine or to be gainfully employed due to illness or accident. The Board may consent to a lesser measure of damages for compelling reasons.

Cite as Ga. Comp. R. & Regs. R. 195-11-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Amended: F. Dec. 15, 2015; eff. Jan. 4, 2016.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-11-.02. Eligibility Criteria for Initial Scholarship Awards.

(1) Scholarships recipients must be bonafide citizens of the United States and legal residents of Georgia at the time of the initial scholarship award.

(2) Applicants must have received a letter of acceptance to an accredited medical school in the United States, offering an education program leading to the Doctor of Medicine or Doctor of Osteopathy degree.

(3) Applicants must demonstrate a strong commitment to specialize in a field of medicine appropriate to meeting the needs of rural communities in Georgia. Such specialties are determined at the sole discretion of the Georgia Board for Physician Workforce, and as of

July 1, 2014 for new scholarship recipients, include family medicine, general internal medicine, and general pediatrics. State General Appropriations will be used to fund scholarships for these specialties only.

(4) Applicants must demonstrate a strong commitment to practice medicine on a full-time basis, at least 40 hours per week, in a practice location approved by the Georgia Board for Physician Workforce. Practice locations approved by the Board for the primary care specialties of family medicine, general internal medicine, and general pediatrics include rural counties in Georgia of 50,000 population or less according to the United States decennial census of 2010 or any future census, or in an area of this state which is rural and underserved by primary care physicians as determined by the Board, or in designated state facilities operated under the jurisdiction of the Georgia Department of Public Health, Georgia Department of Juvenile Justice, Georgia Department of Behavioral Health and Developmental Disabilities, or the Georgia Department of Corrections. For scholarship recipients receiving initial awards prior to July 1, 2014 and have not yet begun their service obligation, practice locations for Obstetrics/Gynecology and other critical need specialties include regional areas composed of counties located in rural Georgia where an unmet need for physicians exists as determined by the Board and approved by the commissioners of Community Health and Public Health.

a. Financial need shall be used as one criterion for the award of scholarships. In considering financial need, the Board shall take into account the financial resources of the applicant and the total cost of tuition, books, fees, and other expenses at the medical school in which the applicant is enrolled. Reporting of financial resources shall be based on information submitted by the applicant and his/her parents on the financial disclosure forms provided with the scholarship application along with a copy of the most recent federal tax return.

(5) Applicants must be of good character and be academically and emotionally well qualified to prepare for a career in medicine, with special attention to attributes, experience, and qualities determined by the Board to be necessary for successful medical practice in rural communities. Life experience in a rural community is one factor often considered by the Board in determining an applicant's qualifications for the scholarship award.

Cite as Ga. Comp. R. & Regs. R. 195-11-.02
Authority: O.C.G.A. §§ 20-3-510, 20-3-512.
History. Original Rule entitled "Eligibility Criteria for Initial Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Amended: F. Dec. 15, 2015; eff. Jan. 4, 2016.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.

Rule 195-11-.03. Application Process for Initial Scholarship Awards.

(1) The application form for the Georgia Board of Health Care Workforce Scholarship program must be completed and postmarked or hand delivered by the date designated by the Board of the year application is made.

(2) The application form will not be considered complete unless all required documents and materials are submitted, including:

(a) Documentation of U.S. citizenship and status as a legal resident of Georgia.

(b) Letter of acceptance to an accredited medical school.

(c) Complete Applicant's Financial Information Form and copy of most recent Federal Income Tax Return.

(d) Academic records, including undergraduate major and grade point average, Medical College Admission Test scores, and copy of the personal statement from the medical school application.

(e) Selective Service Form.

(f) Background Check Authorization.

(g) Other instruments provided by the Board that are shown to predict rural medical practice interests.

(h) Authorization and Release Form to allow Georgia Board of Health Care Workforce access to financial and other information for fact checking purposes.

(i) Transcript from medical school if currently enrolled.

(3) A personal interview with the Board is required for all scholarship applicants. Interviews are usually conducted at the same meeting at which the Board considers and acts upon scholarship applications. In rare cases where it is not feasible for a scholarship applicant to attend the Board meeting, such as when an applicant is out of the country at the time of the meeting, the Board may allow videotaped or videoconference interviews. If the board permits a videotaped interview, the interview will take place at the Georgia Board of Health Care Workforce offices and will be conducted by the Executive Director of the Board.

Cite as Ga. Comp. R. & Regs. R. 195-11-.03
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Application Process for Initial Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-11-.04. Administrative Review Process for Initial Scholarship Awards.

(1) Board staff shall review all scholarship applications to ensure eligibility requirements are met and all required documentation has been received by the application deadline as designated by the Board for that application year.

(2) Board staff shall notify applicants when their complete application has been received and eligibility requirements have been met.

(3) Board staff shall notify applicants who do not meet eligibility requirements or who do not submit complete scholarship applications by the application deadline that their applications will not be considered.

(4) Board staff may interview applicants to clarify information submitted.

(5) Board staff shall compile the information on each scholarship applicant and shall prepare a summary report for review by the Board.

(6) Board staff shall notify applicants in writing of the time, place, and process for interviews required by the Board.

Cite as Ga. Comp. R. & Regs. R. 195-11-.04
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Administrative Review Process for Initial Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-11-.05. Board Review and Action Process for Initial Scholarship Awards.

(1) The Board shall receive and act upon all complete applications for the Scholarship Program made by eligible and qualified applicants.

(2) The Board shall make a careful and full investigation of the ability, character, and qualifications of each applicant for the Scholarship Program.

(3) The Board may employ such methods of evaluating applicants, as it deems appropriate. In addition to the review of the information submitted in the application, the Board generally employs personal interviews as part of the review process. The interview shall be conducted utilizing a standard set of questions designed to assess the qualifications of the applicant, the applicant's understanding of the goals and requirements of the scholarship program, and the applicant's commitment to fulfill the goals and requirements of the

scholarship program. The Board may videotape interviews to provide a record for subsequent review.

(4) The Board shall rank order scholarship applicants using a scoring system based on the applicants' qualifications and character, commitment to rural medical practice, commitment to practice in a medical specialty needed in rural Georgia and financial need. In the event of a tie score between two or more applicants, the Board shall conduct additional rounds of scoring until a final rank order has been determined and agreed upon by a majority vote of the members of the Board present.

(5) The final rank order of applicants shall be recorded in the minutes of the Board.

(6) The number of scholarships to be awarded shall be determined based on total funding appropriated by the General Assembly for the scholarship program and the amount of the scholarship award as determined by the Board.

(7) The Board shall take action awarding the scholarships available based on the rank order of scholarship applicants approved for awards.

(8) The Board shall not discriminate on the basis of race, color, sex, religion, national origin, age or handicap in decisions involving the award of scholarships.

Cite as Ga. Comp. R. & Regs. R. 195-11-.05
Authority: O.C.G.A. Sec. 20-3-510*et seq.*
History. Original Rule entitled "Board Review and Action Process for Initial Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.

Rule 195-11-.06. Notification, Acceptance, and Payment Process for Initial Scholarship Awards.

(1) The Board staff shall notify each applicant in writing of the Board's decision within 10 business days following the Board's decision.

(2) Successful applicants will be asked to accept or decline the award of a scholarship by signing and submitting an Acceptance Form within 10 business days of receiving notice of the award from the Board. Said Acceptance Form must be notarized and shall be incorporated as an addendum to the official contract.

(3) Scholarship awards that are declined shall be automatically offered to the next applicant on the Board's rank order list. If no applicant is available on the rank order list, the Board shall approve unused scholarship funds to be allocated for the Physicians for Rural Areas Assistance Loan Repayment Program.

(4) If the scholarship award is accepted, Board staff will contact the applicant's medical school to verify that the student has enrolled on a full-time basis.

(5) Upon verification of enrollment, Board staff shall issue a scholarship contract to the scholarship recipient.

(6) Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Chairman of the Board. Such documents shall be notarized and the official seal of the Board affixed.

(7) One of the two fully executed copies of the scholarship contract shall be returned to the scholarship recipient and one kept in the permanent records of the Georgia Board for Physician Workforce.

(8) Board staff shall submit appropriate paperwork to the Department of Community Health within 10 business days of the execution of the scholarship contract requesting payment of the scholarship award.

(9) The Board reserves the right to pay the student's tuition and fees directly to the medical school in which the recipient is enrolled, with the balance, if any, being paid directly to the scholarship recipient for books and other educational expenses.

(10) The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Scholarship Program.

Cite as Ga. Comp. R. & Regs. R. 195-11-.06
Authority: O.C.G.A. Sec. 20-3-510*et seq.*
History. Original Rule entitled "Notification, Acceptance, and Payment Process for Initial Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.

Rule 195-11-.07. Application Process for Renewal Scholarship Awards.

(1) The application form for annual renewal of the Georgia Board of Health Care Workforce program must be completed and postmarked or hand delivered by the date designated by the Board of the year application is made.

(2) The application form will not be considered complete unless the scholarship recipient submits the annual report required in the scholarship contract.

(3) The scholarship recipient's annual report shall include the following information:

(a) Current address, phone number and email address.

(b) Documentation of continued enrollment, in good standing (not repeating coursework), in medical school, such as an official transcript or letter from the registrar or student affairs officer of the school.

(c) Anticipated medical school graduation date.

(d) Verification of continued interest and recommitment to rural practice.

Cite as Ga. Comp. R. & Regs. R. 195-11-.07
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Application Process for Renewal Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-11-.08. Administrative Review Process for Renewal Scholarship Awards.

(1) Board staff shall review all applications for renewal scholarships to ensure that all required documents have been submitted and applications are complete.

(2) Board staff shall notify applicants when their complete application has been received.

(3) Board staff shall notify applicants who do not meet eligibility requirements or who do not submit complete renewal scholarship applications by the application deadline as designated by the Board that their applications will not be considered.

(4) Board staff shall prepare a summary report of all applicants for renewal scholarships for consideration by the Board.

Cite as Ga. Comp. R. & Regs. R. 195-11-.08
Authority: O.C.G.A. Sec. 20-3-510*et seq.*
History. Original Rule entitled "Administrative Review Process for Renewal Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.

Rule 195-11-.09. Board Review and Action Process for Renewal Scholarship Awards.

(1) The Board shall receive and act upon all complete applications for renewal scholarships at the Board's Annual Meeting.

(2) The Board shall determine the number of renewal scholarships and the amount of the scholarship award based on funding appropriated for the Scholarship Program by the General Assembly. It should be noted that the amount of the scholarship might vary from year to year based on availability of funds.

(3) The Board shall take action to award renewal scholarships to applicants who have submitted a complete application, who are enrolled in good standing in medical school, who are not repeating coursework, and who continue to demonstrate the characteristics and qualities the Board deems necessary for the award of the scholarship.

Cite as Ga. Comp. R. & Regs. R. 195-11-.09
Authority: O.C.G.A. Sec. 20-3-510*et seq.*
History. Original Rule entitled "Board review and Action Process for Renewal Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.

Rule 195-11-.10. Notification, Acceptance, and Payment Process for Renewal Scholarship Awards.

(1) The Board staff shall notify each applicant in writing of the Board's decision within 10 business days of the Board's Annual Meeting.

(2) Successful applicants will be asked to accept or decline the award of a scholarship by signing and submitting an Acceptance Form within 10 business days of receiving notice of the award from the Board. Acceptance Forms shall be notarized and incorporated as an addendum to the official contract.

(3) Scholarship awards that are declined shall be made available to initial scholarship applicants.

(4) If the scholarship award is accepted, Board staff shall issue a scholarship contract to the scholarship recipient. Each recipient will be allowed 10 days in which to review the contract and consult with an attorney as to its contents if they so choose.

(5) Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Chairman of the Board. Such documents shall be notarized and the official seal of the Board affixed.

(6) One of the two fully executed copies of the scholarship contract shall be returned to the scholarship recipient and one kept in the permanent records of the Georgia Board of Health Care Workforce.

(7) Board staff shall submit appropriate paperwork to the Department of Community Health within 10 business days of the execution of the scholarship contract requesting payment of the scholarship award.

(8) The Board reserves the right to pay the student's tuition and fees directly to the medical school in which the recipient is enrolled, with the balance, if any, being paid directly to the scholarship recipient for books and other educational expenses.

(9) The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Scholarship Program.

Cite as Ga. Comp. R. & Regs. R. 195-11-.10
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Notification, Acceptance, and Payment Process for Renewal Scholarship Awards" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-11-.11. Length of the Scholarship Contract.

(1) The term of the initial scholarship award contract is one year.

(2) The term of each annual renewal scholarship award contract is one year.

(3) Three (3) is the maximum number of renewal scholarship contracts that any one recipient may receive. Together with the initial scholarship award, a recipient may receive a maximum of four years of funding for their medical education through the scholarship program.

Cite as Ga. Comp. R. & Regs. R. 195-11-.11
Authority: O.C.G.A. Sec. 20-3-510*et seq.*
History. Original Rule entitled "Length of Scholarship Contract" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.

Rule 195-11-.12. Board Approval of Recipient's Graduate Medical Education Program.

(1) Scholarship recipients must notify the Board of their intent to enter a graduate medical education program prior to enrollment in that program in order to ensure that recipients enter medical specialties deemed by the Board to be able to sustain full time practices in rural communities in Georgia. For new scholarship awards made after July 1, 2014, such specialties are limited to: Family Medicine, General Internal Medicine, and General Pediatrics.

(2) Failure by the scholarship recipient, who received their initial award after July 1, 2014, to enter into a Family Medicine, General Internal Medicine or General Pediatrics graduate medical education program shall constitute a breach of contract by the recipient and will authorize the Board to seek cash repayment, plus all applicable damages and fees.

(3) Payment of the service obligation or monetary obligation of the scholarship contract is deferred during the recipient's graduate medical education, provided the scholarship recipient is enrolled in a graduate medical education program which is officially recorded in the Board meeting minutes and provided the recipient submits the annual report required by the contract. Failure to submit annual reports required by the contract shall constitute a breach of contract by the recipient.

(4) The annual report during the recipient's graduate medical education shall include the following information:

   (a) Current contact information including address, phone number, email address, social security number, name change and other pertinent information;

   (b) Documentation from the recipient's Program Director, Department Chair, or other appropriate institutional official indication that the recipient is enrolled in the graduate medical education program in good standing.

(5) Scholarship recipients must secure Board approval to change their graduate medical education program, including any extension of training that is the result of pursuing training in a fellowship or subspecialty.

(6) In instances where a scholarship recipient fails to secure approval from the Board to change or extend the graduate medical education program, the Board shall require the recipient to begin practice in a Board approved community in the specialty previously approved by the Board within 90 days of the scheduled completion of the original graduate medical education program.

(7) Failure by the scholarship recipient to begin practice within 90 days of the scheduled completion date of the original graduate medical education program or within 90 days of a Board approved extension of training shall constitute a breach of contract by the recipient and will authorize the Board to seek cash repayment, plus all applicable damages and fees.

Cite as Ga. Comp. R. & Regs. R. 195-11-.12
Authority: O.C.G.A. Sec. 20-3-510*et seq.*
History. Original Rule entitled "Board Approval of Recipient's Graduate Medical Education Program" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.

Rule 195-11-.13. Service Obligation and Board Approval of Practice Location.

(1) The initial scholarship award and each subsequent annual renewal of the scholarship award requires a one year service obligation upon completion of the recipient's graduate medical education. The scholarship recipient is required to practice medicine on a fulltime basis (at least 40 hours per week) in a practice location approved by the Board in an area of this state which is rural or underserved by primary care physicians as determined by the Board, in a regional area of this state composed of rural counties where an unmet need for certain primary care and other critical need specialty physicians exists as determined by the Board and approved by the commissioners of Community Health and Public Health, or in a medical facility operated by or under the jurisdiction of the Department of Public Health, the Department of Behavioral Health and Developmental Disabilities, the Department of Corrections, or the Department of Juvenile Justice. For the primary care specialties of family medicine, general internal medicine, and general pediatrics, rural and underserved area is defined as a rural county in Georgia of 50,000 population or less according to the United States decennial census of 2010 or any future such census or an area of this state which is rural and underserved by primary care physicians as determined by the Board. For scholarship recipients receiving awards prior to July 1, 2014, practice locations for Obstetrics/Gynecology and other critical need specialties include regional areas composed of counties located in rural Georgia where an unmet need for physicians exists as determined by the Board and approved by the commissioners of Community Health and Public Health.

(2) The scholarship recipient must begin practice in a location approved by the Board within 90 days of completion of graduate medical education.

(3) Counties eligible as practice locations shall be determined on the basis of the county population published in the official census of the United States for the decade in which the recipient's initial scholarship award contract was signed. Regional areas shall be determined by the Board, and approved by the Commissioners of Community Health and Public Health, on the basis of where an unmet need for Obstetrics/Gynecology and other critical need specialties exist.

(4) Payment of the service obligation of the scholarship contract is calculated on the basis of one year (12 calendar months) of service for the initial scholarship contract, and one year of service for each renewal scholarship contract. Credit toward meeting the service obligation is calculated on a daily basis from the date the recipient begins practice in a Board approved practice location.

(5) Leave of absence for more than 7 weeks (35 workdays) per year from the medical practice for medical, personal, formal education, or other reasons is not credited toward meeting the service obligation of the contract. Vacation, holidays, and time for continuing medical education shall not be construed to be "leave of absence" unless it extends past the 7 week period.

(6) Board approval in writing is required for all practice locations the recipient selects to meet the service obligation of the scholarship contract.

(7) Recipients may change practice locations with written approval of the Board.

(8) The recipient must submit an annual report in order to receive credit toward meeting the service obligation of the scholarship contract. The annual report shall include the following information:

(a) Current mailing address, email address and phone number.

(b) Documentation of full-time practice acceptable to the Board, such as a letter from a partner or owner of the medical practice or medical facility if the recipient is employed, or a sample of the recipient's office schedule.

(c) Other information the recipient may wish to provide to the Board on the practice or on other aspects of the scholarship program.

(9) Board staff may conduct on-site visits of the recipient's medical practice location in order to verify compliance with scholarship contract requirements.

(10) Board staff will provide an annual report to the recipient to document completion of the service obligation of the scholarship contract.

(11) The scholarship recipient must accept Medicaid and Medicare and actively treat patients on both of these programs.

Cite as Ga. Comp. R. & Regs. R. 195-11-.13
Authority: O.C.G.A. § 20-3-510 et seq.
History. Original Rule entitled "Service Obligation and Board Approval of Practice Location" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Amended: F. Dec. 15, 2015; eff. Jan. 4, 2016.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.

Rule 195-11-.14. Contract Default and Penalties.

(1) **Student Default.** In the event a scholarship recipient is dismissed from medical school for either academic or disciplinary reasons, or if a recipient voluntary withdraws from medical school prior to completion of the requirements for the M.D. or D.O. degree, or if the recipient is unable to obtain licensure from the Georgia Composite Medical Board due to failure to meet licensure requirements to practice medicine, the scholarship funds received, plus interest at 12 percent per annum from the date of each payment by the Board compounded annually to the date the scholarship is paid in full for each scholarship contract year shall be repaid to the Board, with interest to be calculated as follows.

(a) Interest is calculated on an annual basis, with interest compounded onto the outstanding principal owed by the student.

(b) Interest compounds onto the principal owed, meaning that interest accrues onto the outstanding principal with each annual calculation.

(c) In order to calculate interest for a partial year, the annual interest is calculated fully and divided by 12. That calculation is then multiplied by the number of months from the last interest calculation to the month the funds are paid in full.

(d) The number of months to use in this calculation is determined as the number of months that have passed since the Georgia Board of Health Care Workforce submitted payment on behalf of the student and the anticipated month that funds shall be received in full.

(e) Interest calculations made for the initial month of receipt of Georgia Board of Health Care Workforce funds and the month in which these funds are repaid in full is calculated for an entire month, regardless of the length of time a recipient actually held debt from the Georgia Board of Health Care Workforce during those two months.

(f) In cases involving long-term repayment, a one-time charge of 15% will be added to the total debt owed by the student to account for the costs of servicing this debt repayment.

(g) The Board may consent or agree to a lesser measure of damages for compelling reasons as determined by the Board, such as life-threatening illness or loss of ability to be gainfully employed due to illness or accident.

(2) **Default.** A scholarship recipient shall be considered in breach of contract in the following circumstances which lead to the triple damage penalty:

(a) Recipient fails to submit the annual report while enrolled in a graduate medical education program.

(b) Scholarship recipient fails to begin full-time medical practice in a Board approved practice location within 90 days after completing graduate medical education.

(c) Scholarship recipient fails to complete all or a portion of the service obligation of the scholarship contracts, including the requirement for full-time practice and the submission of the required annual report.

(d) Scholarship recipient fails to obtain and maintain a Georgia medical license during the service obligation period of the initial scholarship contract and any renewal scholarship contracts.

(3) **Triple Damages Penalty**. In the event of default or breach of contract by the recipient, the recipient shall be immediately liable to the Board for three times (3x) the total amount of funding received from the initial scholarship award and all renewal scholarship awards. The total amount on which the triple damages penalty is calculated shall be reduced by credit for fulfillment of any portion of the service obligation.

Example:

Initial Scholarship Award:	$ 20,000
Renewal Scholarship Award:	$ 20,000
Renewal Scholarship Award:	$ 20,000
Renewal Scholarship Award:	$ 20,000
Total funding received:	$ 80,000
Penalty for default:	$240,000

(4) Georgia Board of Health Care Workforce may consent to a lesser measure of damages for compelling reasons as determined by the Board.

(5) In the event the scholarship recipient disputes the findings of the Board with regard to breach of contract, the scholarship recipient may elect to file an appeal in accordance with the Board's policy for due process. It is incumbent upon the recipient to provide the Board with the recipient's most current mailing address and telephone number.

(6) **Board Cancellation of Contract.** The Georgia Board of Health Care Workforce may cancel the scholarship of any applicant at any time for any cause deemed sufficient by the Board, provided such authority is not used arbitrarily or unreasonable. In such cases as the Board cancels the contract, the penalty for cancellation is the principal paid to the recipient plus 12% interest per annum from the date of each payment by the Board compounded annually to the date the scholarship is paid in full.

Cite as Ga. Comp. R. & Regs. R. 195-11-.14
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Contract Default and Penalties" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-11-.15. Due Process and Collection Provisions in the Event of Default.

A. **Intent and General Approach.** It is the intention of the Georgia Board of Health Care Workforce to carry out the purpose of the Scholarship Program to recruit physicians in medically underserved rural areas of Georgia. It is also the intention of the Georgia Board

of Health Care Workforce to assure due process in the enforcement of the provisions of the Scholarship program contract. Therefore, in the event of default by the recipient of the service obligations of the contract, the Board will take reasonable steps to negotiate completion of the service obligation by the recipient prior to enforcement of the penalty provisions of the contract.

B. **Assessment of Default.** Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default and report to the Board.

C. **Notification and Due Process Procedures.** In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.** The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.** Upon receipt of a notice of default, the scholarship recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take place within sixty (60) days of receipt by the Board of a clearly written request for a hearing from the recipient.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Board Vice Chair shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing. The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

d. Neither the Board nor the recipient shall be represented by legal counsel at the hearing.

e. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

f. The recipient shall be notified in writing of the Board's decision within ten days of the date of the hearing.

g. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

D. **Enforcement of Penalty Provisions.**

(1) In the event of default and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) In the event legal action is instituted to collect any amount under the contract, the recipient shall pay attorney's fees incurred in the collection in an amount equal to fifteen percent (15%) of the unpaid balance of principal and interest/penalties.

(3) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia Treasury.

(4) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-11-.15
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Due Process and Collection Provisions in the Event of Default" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-12. PHYSICIANS FOR RURAL AREAS ASSISTANCE PROGRAM.

Rule 195-12-.01. General Definitions.

(1) "Georgia Board of Health Care Workforce" means the organization and its office created under O.C.G.A. § 20-3-510 and authorized under O.C.G.A. § 31-34-3 to administer the Physicians for Rural Areas Assistance program.

(2) "Physicians for Rural Areas Assistance Program (PRAA)" refers to that program of the Georgia Board of Health Care Workforce authorized under O.C.G.A. § 31-34-1 through § 31-34-9, which awards financial loans to physicians who desire to practice in rural communities of Georgia.

(3) "Loans" refers to the service repayable grant awarded by the Georgia Board of Health Care Workforce to applicants who are desirous of becoming practicing physicians in rural areas of Georgia.

(4) "Loan Repayment" refers to repayment of all or a portion of recipient's outstanding medical education and training loan debt.

(5) "Qualifying debt" is any debt held by an established lending institution, identifiable as origination from the debt incurred to obtain a medical education, fully disclosed at the time of application, and is currently not in default even if the creditor now considers the defaulted loan to be in good standing.

(6) "Medical Education and Training Loan Debt" refers to loans incurred by the applicant to finance his/her medical education and training that remain unpaid during the contract period.

(7) "Eligible and Qualified Applicant" as defined under O.C.G.A § 31-34-4 refers to, as minimum qualifications, a physician with outstanding medical education and training loan debt, holding a current, unrestricted licensed to practice medicine in the State of Georgia who desires to serve in a Board-approved, medically underserved rural area of Georgia.

(8) "Medical School" means an institution of medical education that has received accreditation or provisional accreditation by the Liaison Committee on Medical Education of the American Medical Association (LCME) or Bureau of Professional Education of the American Osteopathic Association (AOA) for a program in medical education designed to qualify the graduate for licensure by the Georgia Composite Medical Board.

(9) "Recipient" means any person who receives any amount of funding from the Georgia Board of Health Care Workforce /Physicians for Rural Areas Assistance Program.

(10) "Service Repayment" means the period of service earned by the physician, as approved by the Board, toward repayment of the service cancelable loan in professional medical services rendered by the recipient and as required under the provisions of the loan contract.

(11) "Credit" means that the amount of time credited to the recipient for services rendered in compliance with the provisions of the contract. Credit is typically applied one year of funding for each year of service rendered in compliance with the repayment provisions of the contract.

(12) "Rural and Underserved Area" means a the Georgia Board of Health Care Workforce approved rural county in Georgia of 50,000 population or less according to the United States decennial census of 2010 or any future such census or at any hospital or facility operated by or under the jurisdiction of Department of Public Health or at any facility operated by or under the jurisdiction of the Department of Corrections or at any facility operated by or under the jurisdiction of the Department of Juvenile Justice or at any facility operated under the jurisdiction of the Department of Behavioral Health and Developmental Disabilities. Facilities falling under jurisdiction of the mentioned state agencies must include physician employment by approved agency or, in the case of contracted employment, the physician must be treating patients of the approved agency with equal provisions given to that agency's missions.

(13) "Contract Renewal" means the yearly renewal of the loan repayment contract between the recipient and the Board. The contract period shall be renewable on a one-year basis for a period not exceeding four years and a total amount not exceeding $100,000.

(14) "Award Amount" refers to the annual amount obligated to a loan repayment recipient. The award amount shall be determined by the Board. At its annual meeting, the Board may, within its discretion, set the award amount for new loans within the limit of the appropriated funds for the budget year. Said amount shall be set forth in the official minutes of the Board.

(15) "Priority of Specialty" refers to the priority of award consideration given to physician applicants as determined on an annual basis by the Board and recorded in the official minutes.

(16) "Georgia Board of Health Care Workforce" means that agency of Georgia State Government created under O.C.G.A. § 49-10-1, that has responsibility for monitoring the physician workforce needs of Georgia and identifying areas of need by physician specialty and by geographic area.

(17) "Default" means breach of contract by the recipient in failing to begin of failing to complete the contractual service obligation of the Physicians for Rural Areas Assistance Program.

(18) "Ad Damnum or Double Damages" refers to the penalty resulting from a loan repayment recipient defaulting on their contractual obligations. Default requires immediate repayment of double the total principal amount received less any pro-rated amount for repaid service as provided in the contract.

(19) "Cancellation of Contract" refers to the discretionary power of the Georgia Board of Health Care Workforce to cancel any contract for cause deemed sufficient by the Board provided such authority is not exercised unreasonably or arbitrarily.

(20) "Full Time" refers to the minimum number of hours of work required per week to fulfill services obligation. Full time is considered at least 32 clinical hours providing direct patient care during normal clinic hours at the approved practice site. Remaining hours must be spent provided inpatient care to patients and/or in practice-related administrative activities. On-call hours are not considered part of the full time requirement. Full time hours for an OBGYN or Family Practice physicians who practice OB are considered at least 21 of the minimum 40 hours work week must be spent providing direct patient care during normal clinic hours at the approved practice site. The remaining hours must be spent providing inpatient care to patients of the approved site, and/or in practice related administrative activities not to exceed 8 hours per week. 40 hours per week for General Surgery is combined clinical/office hours and surgery/inpatient care with no more than 8 hours per week devoted to practice related administrative duties. For all specialties employed under state jurisdiction, the full time equivalent as recognized by the respective state or federal agency is acceptable. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks in a service year will extend the service commitment.

Cite as Ga. Comp. R. & Regs. R. 195-12-.01
Authority: O.C.G.A. §§ 20-3-510, 31-34-1, 31-34-3, 31-43-5.
History. Original Rule entitled "General Definitions" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-12-.02. Eligibility Criteria and Application Process.

(1) **Eligibility Criteria.** Program eligibility is limited to applicants who meet the following criteria:

(a) Licensed with no restrictions and in good standing to practice medicine in Georgia by the Georgia Composite Medical Board.

(b) Agree to practice full time (a minimum of forty hours per week) in a Board-approved practice location in a rural and underserved community in Georgia designated by the Georgia Board of Health Care Workforce.

(c) Must maintain a Georgia Medicaid number and actively treat Medicaid patients.

(d) Must not have other current contractual service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

(e) Must have medical education loans for repayment in good standing and must not have any loans in default status even if the creditor now considers the defaulted loan to be in good standing.

(f) Must meet all other requirements as set forth by the Georgia Board of Health Care Workforce

(2) **Application Process.** Each applicant must:

(a) Submit a completed application form.

(b) Submit a full disclosure of all outstanding medical education and training debt.

(c) Submit a copy of the contract between the practice entity and the applicant or a letter of attestation from the applicant documenting a commitment to full time (40+ hours per week) practice in the rural community where the practice is located.

(d) Attest that the applicant does not have any other current service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

Cite as Ga. Comp. R. & Regs. R. 195-12-.02
Authority: O.C.G.A. § 31-34.
History. Original Rule entitled "Eligibility Criteria and Application Process" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-12-.03. Review Process.

(1) **Administrative Review.**

(a) The Board staff shall collect and maintain documentation of the following information from PRAA loan repayment program applicants:

1. Application form.

2. Full disclosure of all outstanding medical education and training debt.

3. Documentation of the county and city/town population where the practice is located.

4. Documentation that the practice will be located in a rural Georgia community which needs additional physicians in the applicant's specialty, as determined by the Georgia Board for Physician Workforce.

5. Copy of the contract between the practice entity and the physician or attestation from the physician documenting full time (40+ hours per week) practice in the rural community where the practice is located.

6. Documentation verifying enrollment in the Georgia Medicaid program.

7. Attestation from the applicant that the applicant does not have any other current service obligations.

(b) The Board staff shall review application materials to ensure eligibility requirements are met and all required documentation has been submitted.

(c) Staff will compile the information and prepare a summary of each applicant for the Board's review.

(2) **Board Review, Criteria for Prioritizing Awards and Approval Process.**

(a) The Board shall receive and act upon all applications for the Physicians for Rural Areas Assistance program made by eligible and qualified physicians.

(b) The Board may employ such methods of applicant evaluation that it deems proper.

(c) The Board shall not discriminate or evaluate applicants on the basis of race, religion, gender, or national origin.

(d) The Board shall review all documentation submitted by the applicant and by the Board staff to assure that the applicant meets all eligibility requirements for the PRAA program.

(e) The Board shall rank awards based on the following criteria:

1. All applicants shall be rank ordered using criteria established by the Board and approved at the Annual Meeting of the Board and recorded in the official minutes. All specialties will be considered, but will be ranked lower than the list published by the Board.

(f) The Board shall establish a final ranking of all qualified applicants from highest priority to lowest priority and shall allocate awards based on availability of funds and the final rank order of the applicants.

(g) Action approving the applicant ranking and order of awards shall be made upon majority vote of the Board members present.

(h) Action on awards shall be duly recorded in the minutes of the Board meeting.

Cite as Ga. Comp. R. & Regs. R. 195-12-.03
Authority: O.C.G.A. § 31-34.
History. Original Rule entitled "Review Process" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Amended: F. Jul. 29, 2014; eff. Aug. 18, 2014.
Amended: F. Feb. 12, 2015; eff. Mar. 4, 2015.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-12-.04. Award Process.

A. The Board staff shall notify each applicant in writing of the Board's decision within ten (10) days following the decision.

B. The successful applicant will be asked to accept or decline the award of a loan by signing and submitting an *Acceptance Form*.

C. Those applicants who accept the loan award shall receive a contract for participation in the Physicians for Rural Areas Assistance Program. Each recipient will be allowed 10 days in which to review the contract with an attorney as to its contents if they so choose.

D. Loan awards that are rejected by the applicant shall be made available to the next highest ranking applicant based on the discussion and action taken by the Board.

E. The Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Board Chairman. Such documents shall be notarized and the official seal affixed.

F. One of two fully executed copies of each loan contract shall be returned to the applicant and one kept in the permanent records of the Georgia Board of Health Care Workforce.

G. Funds shall be paid directly to the financial institution holding the recipient's student loan debt unless payment arrangements are otherwise directed in writing by the Board.

H. The Board staff shall submit a check request to the Georgia Department of Community Health for payment of loan awards approved by the Board and for which a fully executed contract is on file in the Board offices.

I. The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Physicians for Rural Areas Assistance Program.

Cite as Ga. Comp. R. & Regs. R. 195-12-.04
Authority: O.C.G.A. § 31-34.
History. Original Rule entitled "Award Process" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.

Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-12-.05. Contract Provisions.

A. The term of the PRAA contract will be one year.

B. Awards shall be in an amount determined by the Board at the annual meeting of the Board.

C. Recipients shall provide one year of service in a practice location approved by the Board for each contract.

D. The contract may be renewed up to three times, for a total of four contract years.

E. Recipients of the Georgia Board of Health Care Workforce scholarship shall be eligible for loan repayment and receive funds as described in section 195-12-.04 Award Process but with the special proviso that the service obligation shall be added as an extension to any service obligation remaining as a requirement of the recipient's scholarship contract.

F. Annual documentation of the physician's practice location and other information is required to be submitted by the recipient in the form of an annual report to the Board. Failure to submit the annual report will eliminate eligibility for contract renewal.

G. Each PRAA loan repayment recipient is responsible for keeping the Board apprised of his/her current address and telephone number at all times. Failure to do so may result in cancellation of contract and request for payment in full.

H. The Board has the discretionary power to cancel any contract for cause deemed sufficient by the Board. Upon such cancellation by the Board, two times the total uncredited amount of the loan paid on behalf of the recipient shall at once become due and payable to the Georgia Board of Health Care Workforce.

I. The Georgia Board of Health Care Workforce is vested with full and complete authority to bring an action in its own name against any recipient for any balance due the Georgia Board of Health Care Workforce on any such contract.

Cite as Ga. Comp. R. & Regs. R. 195-12-.05
Authority: O.C.G.A. § 31-34.
History. Original Rule entitled "Contract Provisions" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-12-.06. Contract Default, Penalty, and Appeals.

(1) Default - a recipient will be considered in default of the contractual obligations of the Physicians for Rural Areas Assistance program under any of the following situations:

(a) The recipient loses his/her Georgia medical license; or restrictions are placed on the recipient's license rendering him/her ineligible to practice full time medicine in agreement with the terms of the PRAA contract.

(b) The recipient fails to begin professional practice in a Board approved practice location in a rural community in Georgia as specified in the contract;

(c) The recipient fails to complete the full term of the contractual service obligation in the practice location specified in the contract;

(d) The recipient fails to maintain a full time practice (40+ hours per week) in the Board approved practice location specified in the contract;

(e) The recipient fails to provide Board staff with access to records or other information necessary to monitor the recipient's compliance with contract terms.

(2) Penalty for Default - upon a finding of default by the Board, the recipient shall immediately be liable to the Board for two times the original principal amount of the loan award provided to the recipient.

(3) Reduction of Penalty - the Georgia Board for Physician Workforce may consent or agree to a lesser measure of damages in recognition of service provided or for other compelling reasons.

(4) Appeal Process - a recipient found to be in default may appeal the finding to the Board in writing. The recipient shall also have the right to request a hearing before the Board to appeal a finding of default or enforcement of the penalty provision. If a recipient fails to appear for a scheduled hearing before the Board, the recipient shall forfeit all rights of appeal. The Board shall consider appeals from recipients prior to enforcement of the penalty provision.

(5) Enforcement of Penalty - the penalty provision for default shall be enforced by a letter of demand for payment from the Board to the recipient. If the recipient fails to respond to the letter of demand for payment, collection shall be pursued through the civil courts.

Cite as Ga. Comp. R. & Regs. R. 195-12-.06
Authority: O.C.G.A. § 31-34.
History. Original Rule entitled "Contract Default, Penalty, and Appeals" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-12-.07. Monitoring Compliance.

(1) The Board shall monitor compliance primarily through information submitted by the recipient in an annual report, which shall include information about the recipient and about the recipient's practice as it relates to the service obligations of the contract.

(2) The Board may also monitor compliance through on-site visits by Board staff or contracted compliance officers to the recipient's practice during the contract period. Such on-site visits may be unannounced.

(3) The Board, at its discretion, may monitor compliance through other appropriate means.

Cite as Ga. Comp. R. & Regs. R. 195-12-.07
Authority: O.C.G.A. Sec 31-34*et seq.*
History. Original Rule entitled "Monitoring Compliance" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.

Rule 195-12-.08. Allocation of Funds.

(1) Funds for all awards granted through the Physicians for Rural Areas Assistance program shall be allocated from funding appropriated to the Georgia Board for Health Care Workforce by the Georgia General Assembly for that purpose.

Cite as Ga. Comp. R. & Regs. R. 195-12-.08
Authority: O.C.G.A. § 31-34.
History. Original Rule entitled "Allocation of Funds" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-12-.09. Accounting Procedures and Reporting Requirements.

(1) The Georgia Department of Community Health shall maintain appropriate records in accordance with the provisions of the Georgia Administrative Attachment Statute, O.C.G.A. § 50-4-3.

Cite as Ga. Comp. R. & Regs. R. 195-12-.09
Authority: O.C.G.A. Sec 31-34*et seq.*
History. Original Rule entitled "Accounting Procedures and Reporting Requirements" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.

Rule 195-12-.10. Due Process and Collection Provisions in the Event of Default.

A. **Intent and General Approach.** It is the intention of the Georgia Board of Health Care Workforce to carry out the purpose of the Physicians for Rural Areas Assistance Program to recruit physicians in medically underserved rural areas of Georgia. It is also the intention of the Georgia Board of Health Care Workforce Georgia Board for Physician Workforce to assure due process in the enforcement of the provisions of the program contract. Therefore, in the event of default by the recipient of the service obligations of the contract, the Board will take reasonable steps to negotiate completion of the service obligation by the recipient prior to enforcement of the penalty provisions of the contract.

B. **Assessment of Default.** Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default and report to the Board.

C. **Notification and Due Process Procedures.** In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.** The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.** Upon receipt of a notice of default, the recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take place within sixty (60) days of receipt of a clearly written request for a hearing.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Board Vice Chair shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing. The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

d. Neither the Board nor the recipient shall be represented by legal counsel at the hearing.

e. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

f. The recipient shall be notified in writing of the Board's decision within ten days of the date of the hearing.

g. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

D. **Enforcement of Penalty Provisions.**

(1) In the event of default, and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) In the event legal action is instituted to collect any amount under the contract, the recipient shall pay attorney's fees incurred in the collection in an amount equal to fifteen percent (15%) of the unpaid balance of principal and interest.

(3) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia Treasury.

(4) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-12-.10
Authority: O.C.G.A. § 31-34.
History. Original Rule entitled "Due Process and Collection Provisions in the Event of Default" adopted. F. Nov. 27, 2012; eff. Dec. 17, 2012.
Amended: F. Aug. 28, 2013; eff. Sept. 17, 2013.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-13. NEW PROGRAM DEVELOPMENT.

Rule 195-13-.01. General Definitions.

(1) "Graduate Medical Education Training Program" is a multi-year training program after graduation from medical school designed to provide the ambulatory and hospital experience required to train physicians as delineated by the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association (AOA).

(2) "Accreditation Council for Graduate Medical Education" is the body established to accredit allopathic graduate medical education training programs.

(3) "American Osteopathic Association" is the body established to accredit osteopathic graduate medical education training programs.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Accreditation Council for Graduate Medical Education and/or American Osteopathic Association requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of physician training.

(5) "Developing Program" means a proposed Graduate Medical Education Training Program at a qualified hospital which meets the accreditation requirements of the Accreditation Council for Graduate Medical Education and/or the American Osteopathic Association.

(6) "Fellowship Training Program" is an additional training program after graduation from a graduate medical education residency training program, which allows a MD, DO, MD PhD, or PhD to develop a particular expertise that may have a related subspecialty board.

Cite as Ga. Comp. R. & Regs. R. 195-13-.01
Authority: O.C.G.A. § 49-10-4.
History. Original Rule entitled "General Definitions" adopted. F. Aug. 20, 2013; eff. Sept. 9, 2013.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-13-.02. Developing Graduate Medical Education Programs.

(1) For the development of new Graduate Medical Education Training Programs, the Board requires the following conditions be met:

   (a) Qualified hospital must provide documentation to the Board that the hospital or associated hospital(s) have a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of physician training.

   (b) Agreement by the hospital administration and medical staff to provide resources necessary to satisfy the requirements for Program accreditation by the Accreditation Council for Graduate Medical Education and/or the American Osteopathic Association.

(c) State funds are appropriated to the Board by the General Assembly for the purpose of developing new graduate medical education programs.

(2) Payment Process. Based on submission and approval of documentation of expenditures by the hospital, the Board shall authorize disbursement of funds to reimburse the hospital, up to the contracted amount, for costs relating to the development of training programs for physicians.

(3) Limitation for Developmental Funding. New Program Development funding will be limited to no more than two (2) years unless otherwise approved by the Board and state funds are appropriated for such purpose.

Cite as Ga. Comp. R. & Regs. R. 195-13-.02
Authority: O.C.G.A. § 49-10-4.
History. Original Rule entitled "Developing Graduate Medical Education Programs" adopted. F. Aug. 20, 2013; eff. Sept. 9, 2013.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-13-.03. Developing Fellowship Programs.

(1) For the development of new medical Fellowship Training Programs, the Board requires the following conditions be met:

(a) Qualified hospital must provide documentation to the Board that the hospital or associated hospital(s) have a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of physician training.

(b) State funds are appropriated to the Board by the General Assembly for the purpose of developing new MD, DO, MD PhD, or PhD fellowship programs.

(2) Payment Process. Based on submission and approval of documentation of expenditures by the hospital, the Board shall authorize disbursement of funds to reimburse the hospital, up to the contracted amount, for costs relating to the development of fellowship training programs for physicians.

(3) Limitation for Developmental Funding. New Program Development funding will be limited to no more than two (2) years unless otherwise approved by the Board and state funds are appropriated for such purpose.

Cite as Ga. Comp. R. & Regs. R. 195-13-.03
Authority: O.C.G.A. § 49-10-4.
History. Original Rule entitled "Developing Fellowship Programs" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Chapter 195-14. DENTAL LOAN REPAYMENT PROGRAM.

Rule 195-14-.01. General Definitions.

(1) "Georgia Board of Health Care Workforce" means the organization and its office created under O.C.G.A. § 49-10.

(2) "Loan" refers to the service repayable grant awarded by the Georgia Board of Health Care Workforce to applicants who are desirous of becoming dentists practicing dentistry in rural areas of Georgia.

(3) "Loan Repayment" refers to repayment of all or a portion of recipient's outstanding dental education loan debt. Qualifying debt is held by an established lending institution, identifiable as originating from the debt incurred to obtain a dental education and fully disclosed at the time of application.

(4) "Qualified Debt" is any debt incurred to obtain a dental education, fully disclosed at the time of application, and is currently not in default. Even if a creditor now considers the defaulted loan to be in good standing, such debt shall not be considered Qualified Debt.

(5) "Dental Education Loan Debt" refers to loans incurred by the applicant to finance his/her dental education that remains unpaid during the contract period.

(6) "Eligible and Qualified Applicant" refers to, as minimum qualifications, a dentist with outstanding dental education loan debt, licensed to practice dentistry in the State of Georgia who desires to serve in a Board-approved, rural area of Georgia.

(7) "Dental School" means an institution of dental education that received accreditation or provisional accreditation by the American Dental Association's Commission on Dental Accreditation for a program in dental education designed to qualify the graduate for licensure by the Georgia Board of Dentistry.

(8) "Recipient" means any person who receives any amount of funding from the Dentists for Rural Areas Assistance Program of the Georgia Board of Health Care Workforce.

(9) "Service Repayment" means the period of service earned by the dentist, as approved by the Board, toward repayment of the service cancelable loan in professional dental services rendered by the recipient and as required under the provisions of the loan contract.

(10) "Credit" means that amount of time credited to the recipient for services rendered in compliance with the provisions of the contract. Credit is typically applied one year of funding for each year of service rendered in compliance with the repayment provisions of the contract.

(11) "Rural and Underserved Area" is defined as a Board approved rural county in Georgia of 50,000 population or less according to the United States decennial census of 2010 or any future such census or at any hospital or facility operated by or under jurisdiction of the Department of Public Health, Department of Community Health, Department of Behavioral Health and Developmental Disabilities, Department of Human Resources, Department of Corrections or the Department of Juvenile Justice. Facilities falling under jurisdiction of the mentioned state agencies must include dental employment by approved agency or, in case of contracted employment, the dentist must be treating patients of the approved agency with equal provisions given to that agency's missions.

(12) "Contract Renewal" means the yearly renewal of the loan repayment contract between the recipient and the Board. The contract period shall be renewable on a one-year basis for a period not exceeding four years and a total amount not exceeding $100,000.

(13) "Award Amount" refers to the annual amount obligated to a loan repayment recipient. The award amount shall be determined by the Board. At its annual meeting, the Board may, within its discretion, set the award amount for new loans within the limit of the appropriated funds for the budget year. Said amount shall be set forth in the official minutes of the Board.

(14) "Georgia Board of Health Care Workforce" means that agency of Georgia State Government created under O.C.G.A. § 49-10-1, whose purpose is to address the health care workforce needs of Georgia's communities through the support and development of medical education programs and to increase the number of physicians and health care practitioners practicing in underserved rural areas.

(15) "Default" means breach of contract by the recipient in failing to begin or failing to complete the contractual service obligation of the Dentists for Rural Areas Assistance Program.

(16) "Ad Damnum or Double Damages" refers to the penalty resulting from a loan repayment recipient defaulting on their contractual obligations. Default requires immediate repayment of double the total principal amount received less any pro-rated amount for repaid service as provided in the contract.

(17) "Cancellation of Contract" refers to the discretionary power of the Georgia Board of Health Care Workforce to cancel any contract for cause deemed sufficient by the Board, provided such authority is not exercised unreasonably or arbitrarily.

(18) "Full Time" refers to the minimum number of hours of work required per week to fulfill service obligations. Full time is considered at least 32 clinical hours providing direct patient care during normal clinic hours at the approved practice site. Remaining hours must be spent providing practice-related administrative activities. On-call hours are not considered part of the full time requirement. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks a year will extend the service commitment.

(19) "Compelling Reasons" refers to conditions such as a life threatening illness or loss of ability to practice dentistry or to be gainfully employed due to illness or accident. The Board may consent to a lesser measure of damages for compelling reasons.

Cite as Ga. Comp. R. & Regs. R. 195-14-.01
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "General Definitions" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.
Repealed: New Rule of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Rule 195-14-.02. Eligibility Criteria and Application Process.

(1) **Eligibility Criteria.** Program eligibility is limited to applicants who meet the following criteria:

a. Be licensed to practice dentistry in Georgia by the Georgia Board of Dentistry.

b. Agree to practice full time (a minimum of forty hours per week) in a Board-approved practice location in a rural community in Georgia designated by the Georgia Board of Health Care Workforce.

c. Must maintain a Georgia Medicaid number and actively treat Medicaid patients.

d. Must not have other current contractual service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

e. Must meet all other requirements as set forth by the Georgia Board of Health Care Workforce.

(2) **Application Process**. Each applicant must:

a. Submit a completed application form

b. Submit a full disclosure of all outstanding dental education debt.

c. Submit a copy of the contract between the practice entity and the applicant or a letter of attestation from the applicant documenting a commitment to full time (40+ hours per week) practice in the rural community where the practice is located.

d. Attest that the applicant does not have any other current service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

Cite as Ga. Comp. R. & Regs. R. 195-14-.02
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Eligibility Criteria and Application Process" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.

Repealed: New Rule of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Rule 195-14-.03. Review Process.

(1) Administrative Review.

A. The Board Staff shall collect and maintain documentation of the following information form Dentists for Rural Areas Assistance Program applicants:

1. Application form.

2. Full disclosure of all outstanding dental education debt.

3. Documentation of the county and city/town population where the practice is located.

4. Documentation that the practice will be located in a rural Georgia community which needs additional dentists to practice general dentistry.

5. Copy of the contract between the practice entity and the dentist or attestation from the dentist documenting full time (40+ hours per week) practice in the rural community where the practice is located.

6. Documentation verifying enrollment in the Georgia Medicaid program.

7. Attestation from the applicant that the applicant does not have any other current service obligations.

B. The Board staff shall review application materials to ensure eligibility requirements are met and all required documentation has been submitted.

C. Staff will compile the information and prepare a summary of each applicant for the Board's review.

(2) Board Review, Criteria for Prioritizing Awards and Approval Process.

A. The Board shall receive and act upon all applications for the Dentists for Rural Areas Assistance Program made by eligible and qualified dentists.

B. The Board shall make a careful and full investigation of the ability, character and qualifications of each applicant and determine the applicant's fitness to become the recipient of such loan.

C. The Board may employ such methods of applicant evaluation that it deems proper.

D. The Board shall not discriminate or evaluate applicants on the basis of race, religion, gender or national origin.

E. The Board shall review all documentation submitted by the applicant and by the Board staff to assure that the applicant meets all eligibility requirements for the Dentists for Rural Assistance Program.

F. The Board shall prioritize awards based on the following criteria:

(1) Dentists entering dental practice in which the dentist has a personal financial investment shall be given the highest priority and may be moved up in the rank order list of applicants at the discretion of the Board.

(2) Applicants who have prior life experience in rural communities, rural dental practice experience, or special areas of expertise of use to rural communities shall be given priority and may be moved up in the rank order list of applicants at the discretion of the Board.

(3) Applicants entering practice in a county with fewer dental providers per population may be given priority and may be moved up in the rank order list of applicants at the discretion of the Board.

G. The Board shall establish a final ranking of all qualified applicants from highest priority to lowest priority and shall allocate awards based on availability of funds and the final rank order of the applicants.

H. Action approving the applicant ranking and order of awards shall be made upon majority vote of the Board members present.

I. Action on awards shall be duly recorded in the minutes of the Board meeting.

Cite as Ga. Comp. R. & Regs. R. 195-14-.03
Authority: O.C.G.A. § 49-10-3*et seq*.
History. Original Rule entitled "Review Process" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.

Rule 195-14-.04. Award Process.

A. The Board staff shall notify each applicant in writing of the Board's decision within ten (10) days following the decision.

B. The successful applicant will be asked to accept or decline the award of a loan by signing and submitting an *Acceptance Form*.

C. Those applicants who accept the loan award shall receive a contract for participation in the Dentists for Rural Areas Assistance Program. Each recipient will be allowed 10 days in which to review the contract with an attorney as to its contents if they so choose.

D. Loan awards that are rejected by the applicant shall be made available to the next highest ranking applicant based on the discussion and action taken by the Board.

E. The Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Board Chairman. Such documents shall be notarized and the official seal affixed.

F. One of two fully executed copies of each loan contract shall be returned to the applicant and one kept in the permanent records of the Georgia Board of Health Care Workforce.

G. Funds shall be paid directly to the financial institution holding the recipient's dental student loan debt unless payment arrangements are otherwise directed in writing by the Board.

H. The Board staff shall submit a check request to the Georgia Department of Community Health for payment of loan awards approved by the Board and for which fully executed contract is on file in the Board offices.

I. The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Dentists for Rural Areas Assistance Program.

Cite as Ga. Comp. R. & Regs. R. 195-14-.04
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Award Process" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.
Repealed: New Rule of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Rule 195-14-.05. Contract Provisions.

A. The term of the Dentists for Rural Areas Assistance Program contract will be one year.

B. Awards shall be in an amount determined by the Board at the annual meeting of the Board.

C. Recipients shall provide one year of service in a practice location approved by the Board for each contract.

D. The contract may be renewed up to three times, for a total of four contract years.

E. Annual documentation of the dentist's practice location and other information is required to be submitted by the recipient in the form of an annual report to the Board.

Failure to submit the annual report will eliminate eligibility for contract renewal.

F. Each Dentist for Rural Areas Assistance Program recipient is responsible for keeping the Board apprised of his/her current address and telephone number at all times.

G. The Board has the discretionary power to cancel any contract for cause deemed sufficient by the Board. Upon such cancellation by the Board, two times the total uncredited amount of the loan paid on behalf of the recipient shall at once become due and payable to the Georgia Board of Health Care Workforce.

H. The Georgia Board of Health Care Workforce is vested with full and complete authority to bring an action in its own name against any recipient for any balance due the Georgia Board of Health Care Workforce on any such contract.

Cite as Ga. Comp. R. & Regs. R. 195-14-.05
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Contract Provisions" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.
Repealed: New Rule of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Rule 195-14-.06. Contract Default, Penalty and Appeal.

(1) Default - a recipient will be considered in default of the contractual obligations of the Dentists for Rural Areas Assistance Program under any of the following situations:

· The recipient loses his/her Georgia dental license or restrictions are placed on the recipients license rendering him/her ineligible to practice full time dentistry in agreement with the terms of the DRAA contract;

· The recipient fails to begin professional practice in a Board approved practice location in a rural community in Georgia as specified in the contract;

· The recipient fails to complete the full term of the contractual service obligation in the practice location specified in the contract;

· The recipient fails to maintain a full time practice (40+hours per week) in the Board approved practice location specified in the contract;

· The recipient fails to provide Board staff with access to records or other information necessary to monitor the recipient's compliance with contract terms.

(2) Penalty for Default - upon a finding of default by the Board, the recipient shall immediately be liable to the Board for two times the original principal amount of the loan award provided to the recipient.

(3) Reduction of Penalty - the Georgia Board of Health Care Workforce may consent or agree to a lesser measure of damages in recognition of service provided or for other compelling reasons.

(4) Appeal Process - a recipient found to be in default may appeal the finding to the Board in writing. The recipient shall also have the right to request a hearing before the Board to appeal a finding of default or enforcement of the penalty provision. If a recipient fails to appear for a scheduled hearing before the Board, the recipient shall forfeit all rights of appeal. The Board shall consider appeals from recipients prior to enforcement of the penalty provision.

(5) Enforcement of Penalty - the penalty provision for default shall be enforced by a letter of demand for payment from the Board to the recipient. If the recipient fails to respond to the letter of demand for payment, collection shall be pursued through the civil courts.

Cite as Ga. Comp. R. & Regs. R. 195-14-.06
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Contract Default, Penalty, and Appeal" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.
Repealed: New Rule of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Rule 195-14-.07. Monitoring Compliance.

(1) The Board shall monitor compliance primarily through information submitted by the recipient in an annual report, which shall include information about the recipient and about the recipient's practice as it relates to the service obligations of the contract.

(2) The Board may also monitor compliance through on-site visits by Board staff or contracted compliance officers to the recipient's practice during the contract period. Such on-site visits may be unannounced.

(3) The Board, at its discretion, may monitor compliance through other appropriate means.

Cite as Ga. Comp. R. & Regs. R. 195-14-.07
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Monitoring Compliance" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.

Rule 195-14-.08. Allocation of Funds.

(1) Funds for all awards granted through the Dentists for Rural Areas Assistance program shall be allocated from funding appropriated to the Georgia Board of Health Care Workforce by the Georgia General Assembly for that purpose.

Cite as Ga. Comp. R. & Regs. R. 195-14-.08
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Allocation of Funds" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.
Repealed: New Rule of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Rule 195-14-.09. Accounting Procedures and Reporting Requirements.

(1) The Georgia Department of Community Health shall maintain appropriate records in accordance with the provisions of the Georgia Administrative Attachment Statute, O.C.G.A. § 50-4-3.

Cite as Ga. Comp. R. & Regs. R. 195-14-.09
Authority: O.C.G.A. § 50-4-3.
History. Original Rule entitled "Accounting Procedures and Reporting Requirements" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.

Rule 195-14-.10. Due Process and Collection Provisions in the Event of Default.

A. **Intent and General Approach**.

It is the intention of the Georgia Board of Health Care Workforce to carry out the purpose of the Dentists for Rural Areas Assistance Program to recruit dentists to practice in rural areas of Georgia. It is also the intention of the Georgia Board of Health Care Workforce to assure due process in the enforcement of the provisions of the program contract. Therefore, in the event of default by the recipient of the service obligations of the contract, the Board will take reasonable steps to negotiate completion of the service obligation by the recipient prior to enforcement of the penalty provisions of the contract.

B. **Assessment of Default**.

Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default report to the Board.

C. **Notification and Due Process Procedures.**

In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.**

The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall

include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.**

Upon receipt of a notice of default, the recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take place within sixty (60) days of receipt of a clearly written request for a hearing.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Board Vice-Chair shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing.

   The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

d. Neither the Board nor the recipient shall be represented by legal counsel at the hearing.

e. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

f. The recipient shall be notified in writing of the Board's decision within ten (10) days of the date of the hearing.

g. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

D. **Enforcement of Penalty Provisions**.

(1) In the event of default, and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) In the event legal actions is instituted to collect any amount under the contract, the recipient shall pay attorney's fees incurred in the collection in an amount equal to fifteen percent (15%) of the unpaid balance of principal and interest.

(3) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia treasury.

(4) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-14-.10
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Due Process and Collection Provisions in the Event of Default" adopted. F. Dec. 2, 2015; eff. Dec. 22, 2015.
Repealed: New Rule of same title adopted. F. Jan. 27, 2020; eff. Feb. 16, 2020.

Chapter 195-15. PHYSICIAN ASSISTANTS (PA) LOAN REPAYMENT PROGRAM.

Rule 195-15-.01. General Definitions.

(1) "Georgia Board of Health Care Workforce" means the organization and its office created under O.C.G.A. 49-10.

(2) "Loan" refers to the service repayable grant awarded by the Georgia Board of Health Care Workforce to applicants who are desirous of becoming physician assistants practicing in rural areas of Georgia.

(3) "Loan Repayment" refers to repayment of all or a portion of recipient's outstanding physician assistant education loan debt. Qualifying debt is held by an established lending institution, identifiable as originating from the debt incurred to obtain a physician assistants education and fully disclosed at the time of application.

(4) "Physician assistant" means a skilled person who is licensed to a supervising physician and who is qualified by academic and practical training to provide patients' services not

necessarily within the physical presence but under the personal direction or supervision of the supervising physician.

(5) "Qualified Debt" is any debt incurred to obtain an education as a physician assistant, fully disclosed at the time of application, and is currently not in default. Even if a creditor now considers the defaulted loan to be in good standing, such debt shall not be considered Qualified Debt.

(6) "Physician Assistant Education Loan Debt" refers to loans incurred by the applicant to finance his/her Physician Assistant education that remains unpaid during the contract period.

(7) "Eligible and Qualified Applicant" refers to, as minimum qualifications, a physician assistant with outstanding medical education loan debt, licensed to practice as a physician assistant in the State of Georgia who desires to serve in a Board-approved, rural area of Georgia.

(8) "Physician Assistant Program" means an institution of medical education that received accreditation or provisional accreditation by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or National Commission on Certification of Physician Assistants on a program in medical education designed to qualify the graduate for licensure by the Georgia Composite Medical Board.

(9) "Recipient" means any person who receives any amount of funding from Georgia Board of Health Care Workforce Physician Assistants for Rural Areas Assistance Program of the Georgia Board for Physician Workforce.

(10) "Service Repayment" means the period of service earned by the physician assistant, as approved by the Board, toward repayment of the service cancelable loan physician assistant services rendered by the recipient and as required under the provisions of the loan contract.

(11) "Credit" means that amount of time credited to the recipient for services rendered in compliance with the provisions of the contract. Credit is applied one year of funding for each year of service rendered in compliance with the repayment provisions of the contract, but may be prorated at the Board's discretion and determination.

(12) "Rural and Underserved Area" is defined as a Board approved rural county in Georgia of 50,000 population or less according to the United States decennial census of 2010 or any future such census or at any hospital or facility operated directly by of the Department of Public Health, Department of Community Health, Department of Behavioral Health and Developmental Disabilities, Department of Human Resources, Department of Corrections or the Department of Juvenile Justice. Facilities falling under the direct jurisdiction of the mentioned state agencies must include physician assistant employment by approved agency or, in case of contracted employment, the PA must be treating patients of the approved agency with equal provisions given to that agency's missions.

(13) "Contract Renewal" means the yearly renewal of the loan repayment contract between the recipient and the Board. The contract period shall be renewable on a one-year basis for a period not exceeding four years and a total amount not exceeding $40,000.00,

(14) "Award Amount" refers to the annual amount obligated to a loan repayment recipient. The award amount shall be determined by the Board. At its annual meeting, the Board may, within its discretion, set the award amount for new loans within the limit of the appropriated funds for the budget year. Said amount shall be set forth in the official minutes of the Board.

(15) "Default" means breach of contract by the recipient in failing to begin or failing to complete the contractual service obligation of the Physician Assistants for Rural Areas Assistance Program.

(16) "Ad Damnum or Double Damages" refers to the penalty resulting from a loan repayment recipient defaulting on their contractual obligations. Default requires immediate repayment of double the total principal amount received less any pro-rated amount for repaid service as provided in the contract.

(17) "Cancellation of Contract" refers to the discretionary power of the Georgia Board of Health Care Workforce to cancel any contract for cause deemed sufficient by the Board, provided such authority is not exercised unreasonably or arbitrarily.

(18) "Full Time" refers to 40 hours of work required per week to fulfill service obligations. Full time is considered at least 32 clinical hours providing direct patient care during normal clinic hours at the approved practice site. Remaining hours must be spent providing practice-related administrative activities. On-call hours are not considered part of the full time requirement. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks a year will extend the service commitment. The practice time requirement can be split between two or more counties, provided that none of the practice location counties exceeds the 50,000 population limit.

(19) "Compelling Reasons" refers to conditions such as a life threatening illness or loss of ability to perform the duties of a PA or to be gainfully employed due to illness or accident. The Board may consent to a lesser measure of damages for compelling reasons.

Cite as Ga. Comp. R. & Regs. R. 195-15-.01
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "General Definitions" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 195-15-.02. Eligibility Criteria and Application Process.

(1) **Eligibility Criteria.** Program eligibility is limited to applicants who meet the following criteria:

a. Be licensed to practice as physician assistant in Georgia by the Georgia Composite Medical Board.

b. Agree to practice full time (a minimum of forty hours per week) in a Board-approved practice location in a rural community in Georgia designated by the Georgia Board of Health Care Workforce.

c. Must work in a qualifying practice that actively treats Medicaid patients.

d. Must not have other current contractual service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

e. Must meet all other requirements as set forth by the Georgia Board of Health Care Workforce

(2) **Application Process**. Each applicant must:

a. Submit a completed application form

b. Submit a full disclosure of all outstanding physician assistant education debt.

c. Submit a copy of the contract between the practice entity and the applicant or a signed letter of attestation from the applicant documenting a commitment to full time (40+ hours per week) practice in the rural community where the practice is located.

d. Attest that the applicant does not have any other current service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

Cite as Ga. Comp. R. & Regs. R. 195-15-.02
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Eligibility Criteria and Application Process" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 195-15-.03. Review Process.

(1) Administrative Review.

A. The Board Staff shall collect and maintain documentation of the following information from Physician Assistants for Rural Areas Assistance Program applicants:

1. Application form.

2. Full disclosure of all outstanding physician assistant education debt.

3. Documentation of the county and city/town population where the practice is located.

4. Documentation that the practice will be located in a rural Georgia community which needs additional physician assistants to practice.

5. Copy of the contract between the practice entity and the physician assistant or attestation from the Physician Assistant documenting full time (40+ hours per week) practice in the rural community where the practice is located.

6. Documentation verifying enrollment in the Georgia Medicaid program.

7. Attestation from the applicant that the applicant does not have any other current service obligations.

B. The Board staff shall review application materials to ensure eligibility requirements are met and all required documentation has been submitted.

C. Staff will compile the information and prepare a summary of each applicant for the Board's review.

(2) Board Review, Criteria for Prioritizing Awards and Approval Process.

A. The Board shall receive and act upon all applications for the Physician Assistants for Rural Areas Assistance Program made by eligible and qualified Physician Assistants.

B. The Board shall make a careful and full investigation of the ability, character and qualifications of each applicant and determine the applicant's fitness to become the recipient of such loan.

C. The Board may employ such methods of applicant evaluation that it deems proper.

D. The Board shall not discriminate or evaluate applicants on the basis of race, religion, gender or national origin.

E. The Board shall review all documentation submitted by the applicant and by the Board staff to assure that the applicant meets all eligibility requirements for the Physician Assistants for Rural Assistance Program.

F. The Board shall prioritize awards based on the following criteria:

(1) Applicants who have prior life experience in rural communities, rural physician assistants practice experience, or special areas of expertise of use to rural communities shall be given priority and may be moved up in the rank order list of applicants at the discretion of the Board.

(2) Applicants entering practice in a county with fewer physician assistant providers per population may be given priority and may be moved up in the rank order list of applicants at the discretion of the Board.

G. The Board shall establish a final ranking of all qualified applicants from highest priority to lowest priority and shall allocate awards based on availability of funds and the final rank order of the applicants.

H. Action approving the applicant ranking and order of awards shall be made upon majority vote of the Board members present.

I. Action on awards shall be duly recorded in the minutes of the Board meeting.

Cite as Ga. Comp. R. & Regs. R. 195-15-.03
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Review Process" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 195-15-.04. Award Process.

A. The Board staff shall notify each applicant in writing of the Board's decision within ten (10) days following the decision.

B. The successful applicant will be asked to accept or decline the award of a loan by signing and submitting an *Acceptance Form*.

C. Those applicants who accept the loan award shall receive a contract for participation in the Physician Assistants for Rural Areas Assistance Program. Each recipient will be allowed 10 days in which to review the contract with an attorney as to its contents if they so choose.

D. Loan awards that are rejected by the applicant shall be made available to the next highest ranking applicant based on the discussion and action taken by the Board.

E. The Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Board Chairman. Such documents shall be notarized and the official seal affixed.

F. One of two fully executed copies of each loan contract shall be returned to the applicant and one kept in the permanent records of the Georgia Board of Health Care Workforce.

G. Funds shall be paid directly to the financial institution holding the recipient's physician assistant student loan debt unless payment arrangements are otherwise directed in writing by the Board.

H. The Board staff shall submit a check request to the Georgia Department of Community Health for payment of loan awards approved by the Board and for which fully executed contract is on file in the Board offices.

I. The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Physician Assistants for Rural Areas Assistance Program.

Cite as Ga. Comp. R. & Regs. R. 195-15-.04
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Award Process" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 195-15-.05. Contract Provisions.

A. The term of the Physician Assistants for Rural Areas Assistance Program contract will be one year.

B. Awards shall be in an amount determined by the Board at the annual meeting of the Board.

C. Recipients shall provide one year of service in a practice location approved by the Board for each contract.

D. The contract may be renewed up to three times, for a total of four contract years.

E. Annual documentation of the physician assistants practice location and other information is required to be submitted by the recipient in the form of an annual report to the Board.

F. Failure to submit the annual report will eliminate eligibility for contract renewal.

G. Each Physician Assistants for Rural Areas Assistance Program recipient is responsible for keeping the Board apprised of his/her current address and telephone number at all times.

H. The Board has the discretionary power to cancel any contract for cause deemed sufficient by the Board. Upon such cancellation by the Board, two times the total uncredited amount of the loan paid on behalf of the recipient shall at once become due and payable to the Georgia Board of Health Care Workforce.

I. The Georgia Board of Health Care Workforce is vested with full and complete authority to bring an action in its own name against any recipient for any balance due the Georgia Board of Health Care Workforce on any such contract.

Cite as Ga. Comp. R. & Regs. R. 195-15-.05
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Contract Provisions" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 195-15-.06. Contract Default, Penalty and Appeal.

(1) Default - a recipient will be considered in default of the contractual obligations of the Physician Assistants for Rural Areas Assistance Program under any of the following situations:

a. The recipient loses his/her Georgia physician assistants license or restrictions are placed on the recipient's license rendering him/her ineligible to practice full time as a physician assistant in agreement with the terms of the PARAA contract;

b. The recipient fails to begin professional practice in a Board approved practice location in a rural community in Georgia as specified in the contract;

c. The recipient fails to complete the full term of the contractual service obligation in the practice location specified in the contract;

d. The recipient fails to maintain a full time practice (40+hours per week) in the Board approved practice location specified in the contract;

e. The recipient fails to provide Board staff with access to records or other information necessary to monitor the recipient's compliance with contract terms.

(2) Penalty for Default - upon a finding of default by the Board, the recipient shall immediately be liable to the Board for two times the original principal amount of the loan award provided to the recipient.

(3) Reduction of Penalty - the Georgia Board of Health Care Workforce may consent or agree to a lesser measure of damages in recognition of service provided or for other compelling reasons.

(4) Appeal Process - a recipient found to be in default may appeal the finding to the Board in writing. The recipient shall also have the right to request a hearing before the Board to appeal a finding of default or enforcement of the penalty provision. If a recipient fails to appear for a scheduled hearing before the Board, the recipient shall forfeit all rights of appeal. The Board shall consider appeals from recipients prior to enforcement of the penalty provision.

(5) Enforcement of Penalty - the penalty provision for default shall be enforced by a letter of demand for payment from the Board to the recipient. If the recipient fails to respond to the letter of demand for payment, collection shall be pursued through the civil courts.

Cite as Ga. Comp. R. & Regs. R. 195-15-.06
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Contract Default, Penalty and Appeal" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 195-15-.07. Monitoring Compliance.

(1) The Board shall monitor compliance primarily through information submitted by the recipient in an annual report, which shall include information about the recipient and about the recipient's practice as it relates to the service obligations of the contract.

(2) The Board may also monitor compliance through on-site visits by Board staff or contracted compliance officers to the recipient's practice during the contract period. Such on-site visits may be unannounced.

(3) The Board, at its discretion, may monitor compliance through other appropriate means.

Cite as Ga. Comp. R. & Regs. R. 195-15-.07
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Monitoring Compliance" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.

Rule 195-15-.08. Allocation of Funds.

(1) Funds for all awards granted through the Georgia Board of Health Care Workforce shall be allocated from funding appropriated to the Board by the Georgia General Assembly for that purpose.

Cite as Ga. Comp. R. & Regs. R. 195-15-.08
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Allocation of Funds" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 195-15-.09. Accounting Procedures and Reporting Requirements.

(1) The Georgia Department of Community Health shall maintain appropriate records in accordance with the provisions of the Georgia Administrative Attachment Statute, O.C.G.A.

Cite as Ga. Comp. R. & Regs. R. 195-15-.09
Authority: O.C.G.A. § 50-4-3.
History. Original Rule entitled "Accounting Procedures and Reporting Requirements" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.

Rule 195-15-.10. Due Process and Collection Provisions in the Event of Default.

A. **Intent and General Approach**.

It is the intention of the Georgia Board of Health Care Workforce to recruit physician assistants in rural Georgia.

B. **Assessment of Default**.

Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default report to the Board.

C. **Notification and Due Process Procedures.**

In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.**

The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.**

Upon receipt of a notice of default, the recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take

place at the next scheduled official meeting of the Board upon receipt of a clearly written request for a hearing.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Board Vice-Chair shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing.

d. The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

e. Neither the Board nor the recipient shall be represented by legal counsel at the hearing.

f. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

g. The recipient shall be notified in writing of the Board's decision within ten (10) days of the date of the hearing.

h. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

D. **Enforcement of Penalty Provisions**.

(1) In the event of default, and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) In the event legal action is instituted to collect any amount under the contract, the recipient shall pay attorney's fees incurred in the collection in an amount equal to fifteen percent (15%) of the unpaid balance of principal and interest.

(3) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia treasury.

(4) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-15-.10
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Due Process and Collection Provisions in the Event of Default" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Chapter 195-16. ADVANCED PRACTICE REGISTERED NURSES (APRN) LOAN REPAYMENT PROGRAM.

Rule 195-16-.01. General Definitions.

(1) "Georgia Board of Health Care Workforce" means the organization and its office created under O.C.G.A. 49-10.

(2) "Loan" refers to the service repayable grant awarded by the Georgia Board of Health Care Workforce to applicants who are desirous of becoming APRNs practicing nursing in rural areas of Georgia.

(3) "Loan Repayment" refers to repayment of all or a portion of recipient's outstanding education loan debt. Qualifying debt is held by an established lending institution, identifiable as originating from the debt incurred to obtain an APRN education and fully disclosed at the time of application.

(4) "APRN" means a certified nurse midwife, certified nurse anesthetist, certified nurse practitioner providing primary care and/or mental health care.

(5) "Qualified Debt" is any debt incurred to obtain a nursing education, fully disclosed at the time of application, and is currently not in default. Even if a creditor now considers the defaulted loan to be in good standing, such debt shall not be considered Qualified Debt.

(6) "APRN Education Loan Debt" refers to loans incurred by the applicant to finance his/her APRN education that remains unpaid during the contract period.

(7) "Eligible and Qualified Applicant" refers to, as minimum qualifications, an APRN with outstanding nursing education loan debt, licensed to practice as an advanced practice

registered nurse in the State of Georgia who desires to serve in a Board-approved, rural area of Georgia.

(8) "Nursing School" means an institution of nursing education that received accreditation or provisional accreditation by a national accrediting body in nursing education designed to qualify the graduate for licensure by the Georgia Board of Nursing.

(9) "Recipient" means any person who receives any amount of funding from for Georgia Board of Health Care Workforce Rural Areas Assistance Program of the Georgia Board of Health Care Workforce.

(10) "Service Repayment" means the period of service earned by the APRN, as approved by the Board, toward repayment of the service cancelable loan in professional advanced practice registered nurse's services rendered by the recipient and as required under the provisions of the loan contract.

(11) "Credit" means that amount of time credited to the recipient for services rendered in compliance with the provisions of the contract. Credit is applied one year of funding for each year of service rendered in compliance with the repayment provisions of the contract, but may be prorated at the Board's discretion and determination.

(12) "Rural and Underserved Area" is defined as a Board approved rural county in Georgia of 50,000 population or less according to the United States decennial census of 2010 of any future such census or at any hospital or facility operated directly by the Department of Public Health, Department of Community Health, Department of Behavioral Health and Developmental Disabilities, Department of Human Resources, Department of Corrections or the Department of Juvenile Justice. Facilities falling under the direct jurisdiction of the mentioned state agencies must include advanced practice registered nursing employment by approved agency or, in case of contracted employment, the APRN must be treating patients of the approved agency with equal provisions given to that agency's missions.

(13) "Contract Renewal" means the yearly renewal of the loan repayment contract between the recipient and the Board. The contract period shall be renewable on a one-year basis for a period not exceeding four years and a total amount not exceeding $40,000.00.

(14) "Award Amount" refers to the annual amount obligated to a loan repayment recipient. The award amount shall be determined by the Board. At its annual meeting, the Board may, within its discretion, set the award amount for new loans within the limit of the appropriated funds for the budget year. Said amount shall be set forth in the official minutes of the Board.

(15) "Default" means breach of contract by the recipient in failing to begin or failing to complete the contractual service obligation of the APRN for Rural Areas Assistance Program.

(16) "Ad Damnum or Double Damages" refers to the penalty resulting from a loan repayment recipient defaulting on their contractual obligations. Default requires immediate repayment of double the total principal amount received less any pro-rated amount for repaid service as provided in the contract.

(17) "Cancellation of Contract" refers to the discretionary power of Georgia Board of Health Care Workforce to cancel any contract for cause deemed sufficient by the Board, provided such authority is not exercised unreasonably or arbitrarily.

(18) "Full Time" refers to 40 hours of work required per week to fulfill service obligations. Full time is considered at least 32 clinical hours providing direct patient care during normal clinic hours at the approved practice site. Remaining hours must be spent providing practice-related administrative activities. On-call hours are not considered part of the full time requirement. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks a year will extend the service commitment. The practice time requirement can be split between two or more counties, provided that none of the practice location counties exceeds the 50,000 population limit.

(19) "Compelling Reasons" refers to conditions such as a life threatening illness or loss of ability to perform the duties of an APRN or to be gainfully employed due to illness or accident. The Board may consent to a lesser measure of damages for compelling reasons.

Cite as Ga. Comp. R. & Regs. R. 195-16-.01
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "General Definitions" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-16-.02. Eligibility Criteria and Application Process.

(1) **Eligibility Criteria.** Program eligibility is limited to applicants who meet the following criteria:

a. Be licensed to practice as a certified nurse midwife, certified nurse anesthetist, certified nurse practitioner providing primary care and/or mental health care certified in Georgia by the Georgia Board of Nursing.

b. Agree to practice full time (a minimum of forty hours per week) in a Board-approved practice location in a rural community in Georgia designated by the Georgia Board of Health Care Workforce.

c. Must work in a qualifying practice that actively treats Medicaid patients.

d. Must not have other current contractual service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

e. Must meet all other requirements as set forth by the Georgia Board of Health Care Workforce.

(2) **Application Process**. Each applicant must:

a. Submit a completed application form

b. Submit a full disclosure of all outstanding APRN education debt.

c. Submit a copy of the contract between the practice entity and the applicant or a signed letter of attestation from the applicant documenting a commitment to full time (40+ hours per week) practice in the rural community where the practice is located.

d. Attest that the applicant does not have any other current service obligations, such as National Health Service Corps Scholarships or Military Service Obligations.

Cite as Ga. Comp. R. & Regs. R. 195-16-.02
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Eligibility Criteria and Application Process" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-16-.03. Review Process.

(1) Administrative Review.

A. The Board Staff shall collect and maintain documentation of the following information form APRN for Rural Areas Assistance Program applicants:

1. Application form.

2. Full disclosure of all outstanding APRN education debt.

3. Documentation of the county and city/town population where the practice is located.

4. Documentation that the practice will be located in a rural Georgia community which needs additional APRNs.

5. Copy of the contract between the practice entity and the APRN or attestation from the APRN documenting full time (40+ hours per week) practice in the rural community where the practice is located.

6. Documentation verifying enrollment in the Georgia Medicaid program.

7. Attestation from the applicant that the applicant does not have any other current service obligations.

B. The Board staff shall review application materials to ensure eligibility requirements are met and all required documentation has been submitted.

C. Staff will compile the information and prepare a summary of each applicant for the Board's review.

(2) Board Review, Criteria for Prioritizing Awards and Approval Process.

A. The Board shall receive and act upon all applications for the APRN for Rural Areas Assistance Program made by eligible and qualified APRNs.

B. The Board shall make a careful and full investigation of the ability, character and qualifications of each applicant and determine the applicant's fitness to become the recipient of such loan.

C. The Board may employ such methods of applicant evaluation that it deems proper.

D. The Board shall not discriminate or evaluate applicants on the basis of race, religion, gender or national origin.

E. The Board shall review all documentation submitted by the applicant and by the Board staff to assure that the applicant meets all eligibility requirements for the APRNs for Rural Assistance Program.

F. The Board shall prioritize awards based on the following criteria:

(1) Applicants who have prior life experience in rural communities, rural nursing practice experience, or special areas of expertise of use to rural communities shall be given priority and may be moved up in the rank order list of applicants at the discretion of the Board.

(2) Applicants entering practice in a county with fewer APRNs providers per population may be given priority and may be moved up in the rank order list of applicants at the discretion of the Board.

G. The Board shall establish a final ranking of all qualified applicants from highest priority to lowest priority and shall allocate awards based on availability of funds and the final rank order of the applicants.

H. Action approving the applicant ranking and order of awards shall be made upon majority vote of the Board members present.

I. Action on awards shall be duly recorded in the minutes of the Board meeting.

Cite as Ga. Comp. R. & Regs. R. 195-16-.03
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Review Process" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-16-.04. Award Process.

A. The Board staff shall notify each applicant in writing of the Board's decision within ten (10) days following the decision.

B. The successful applicant will be asked to accept or decline the award of a loan by signing and submitting an *Acceptance Form*.

C. Those applicants who accept the loan award shall receive a contract for participation in the APRNs for Rural Areas Assistance Program. Each recipient will be allowed 10 days in which to review the contract with an attorney as to its contents if they so choose.

D. Loan awards that are rejected by the applicant shall be made available to the next highest ranking applicant based on the discussion and action taken by the Board.

E. The Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Board Chairman. Such documents shall be notarized and the official seal affixed.

F. One of two fully executed copies of each loan contract shall be returned to the applicant and one kept in the permanent records of the Georgia Board of Health Care Workforce.

G. Funds shall be paid directly to the financial institution holding the recipient's advanced practice registered nurse student loan debt unless payment arrangements are otherwise directed in writing by the Board.

H. The Board staff shall submit a check request to the Georgia Department of Community Health for payment of loan awards approved by the Board and for which fully executed contract is on file in the Board offices.

I. The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Advanced Practice Registered Nurses for Rural Areas Assistance Program.

Cite as Ga. Comp. R. & Regs. R. 195-16-.04
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Award Process" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-16-.05. Contract Provisions.

A. The term of the APRNs for Rural Areas Assistance Program contract will be one year.

B. Awards shall be in an amount determined by the Board at the annual meeting of the Board.

C. Recipients shall provide one year of service in a practice location approved by the Board for each contract.

D. The contract may be renewed up to three times, for a total of four contract years.

E. Annual documentation of the APRN's practice location and other information is required to be submitted by the recipient in the form of an annual report to the Board.

F. Failure to submit the annual report will eliminate eligibility for contract renewal.

G. Each APRN for Rural Areas Assistance Program recipient is responsible for keeping the Board apprised of his/her current address and telephone number at all times.

H. The Board has the discretionary power to cancel any contract for cause deemed sufficient by the Board. Upon such cancellation by the Board, two times the total uncredited amount of the loan paid on behalf of the recipient shall at once become due and payable to the Georgia Board of Health Care Workforce.

I. The Georgia Board of Health Care Workforce is vested with full and complete authority to bring an action in its own name against any recipient for any balance due the Georgia Board of Health Care Workforce on any such contract.

Cite as Ga. Comp. R. & Regs. R. 195-16-.05
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Contract Provisions" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-16-.06. Contract Default, Penalty and Appeal.

(1) Default - a recipient will be considered in default of the contractual obligations of the APRNs for Rural Areas Assistance Program under any of the following situations:

a. The recipient loses his/her Georgia APRN license or restrictions are placed on the recipient's license rendering him/her ineligible to practice full time nursing in agreement with the terms of the APRNRAA contract;

b. The recipient fails to begin professional practice in a Board approved practice location in a rural community in Georgia as specified in the contract;

c. The recipient fails to complete the full term of the contractual service obligation in the practice location specified in the contract;

d. The recipient fails to maintain a full time practice (40+hours per week) in the Board approved practice location specified in the contract;

e. The recipient fails to provide Board staff with access to records or other information necessary to monitor the recipient's compliance with contract terms.

(2) Penalty for Default - upon a finding of default by the Board, the recipient shall immediately be liable to the Board for two times the original principal amount of the loan award provided to the recipient.

(3) Reduction of Penalty - the Georgia Board of Health Care Workforce may consent or agree to a lesser measure of damages in recognition of service provided or for other compelling reasons.

(4) Appeal Process - a recipient found to be in default may appeal the finding to the Board in writing. The recipient shall also have the right to request a hearing before the Board to appeal a finding of default or enforcement of the penalty provision. If a recipient fails to appear for a scheduled hearing before the Board, the recipient shall forfeit all rights of appeal. The Board shall consider appeals from recipients prior to enforcement of the penalty provision.

(5) Enforcement of Penalty - the penalty provision for default shall be enforced by a letter of demand for payment from the Board to the recipient. If the recipient fails to respond to the letter of demand for payment, collection shall be pursued through the civil courts.

Cite as Ga. Comp. R. & Regs. R. 195-16-.06
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2)
History. Original Rule entitled "Contract Default, Penalty and Appeal" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-16-.07. Monitoring Compliance.

(1) The Board shall monitor compliance primarily through information submitted by the recipient in an annual report, which shall include information about the recipient and about the recipient's practice as it relates to the service obligations of the contract.

(2) The Board may also monitor compliance through on-site visits by Board staff or contracted compliance officers to the recipient's practice during the contract period. Such on-site visits may be unannounced.

(3) The Board, at its discretion, may monitor compliance through other appropriate means.

Cite as Ga. Comp. R. & Regs. R. 195-16-.07
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Monitoring Compliance" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.

Rule 195-16-.08. Allocation of Funds.

(1) Funds for all awards granted through the Georgia Board of Health Care Workforce shall be allocated from funding appropriated to the Board by the Georgia General Assembly for that purpose.

Cite as Ga. Comp. R. & Regs. R. 195-16-.08
Authority: O.C.G.A. § 49-10-3.
History. Original Rule entitled "Allocation of Funds" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-16-.09. Accounting Procedures and Reporting Requirements.

(1) The Georgia Department of Community Health shall maintain appropriate records in accordance with the provisions of the Georgia Administrative Attachment Statute, O.C.G.A. 50-4-3.

Cite as Ga. Comp. R. & Regs. R. 195-16-.09
Authority: O.C.G.A. § 50-4-3.
History. Original Rule entitled "Accounting Procedures and Reporting Requirements" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.

Rule 195-16-.10. Due Process and Collection Provisions in the Event of Default.

A. **Intent and General Approach**.

It is the intention of the Georgia Board of Health Care Workforce to recruit APRNs in rural Georgia.

B. **Assessment of Default**.

Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default report to the Board.

C. **Notification and Due Process Procedures.**

In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.**

The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.**

Upon receipt of a notice of default, the recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take place at the next official meeting of the Board upon receipt of a clearly written request for a hearing.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Board Vice-Chair shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing.

d. The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

e. Neither the Board nor the recipient shall be represented by legal counsel at the hearing.

f. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

g. The recipient shall be notified in writing of the Board's decision within ten (10) days of the date of the hearing.

h. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

D. **Enforcement of Penalty Provisions**.

(1) In the event of default, and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) In the event legal action is instituted to collect any amount under the contract, the recipient shall pay attorney's fees incurred in the collection in an amount equal to fifteen percent (15%) of the unpaid balance of principal and interest.

(3) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia treasury.

(4) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-16-.10
Authority: O.C.G.A. §§ 49-10-3, 31-34-6(2).
History. Original Rule entitled "Due Process and Collection Provisions in the Event of Default" adopted. F. Oct. 31, 2016; eff. Nov. 20, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-17. OBSTETRICS AND GYNECOLOGY RESIDENCY CAPITATION.

Rule 195-17-.01. General Definitions.

(1) "Obstetrics and Gynecology (OB-GYN) Residency Program" is a four-year training program after graduation from medical school designed to provide the experience required to train a OB-GYN physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in OB-GYN.

(2) "Accreditation Council for Graduate Medical Education" is the body established to accredit residency programs.

(3) "Institutional, Program and Fellowship Requirements" of the ACGME details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Residency Review Committee of the Accreditation Council for Graduate Medical Education requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of OB-GYN resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of OB-GYN physicians.

(6) "Resident" means an individual at any level in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.

(7) "Capitation" means Board funding of designated OB-GYN Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(8) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-17-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-17-.02. OB-GYN Residency Capitation Funding.

(1) For the annual provision of capitation funds to designated OB-GYN Residency Programs, the Board requires the following conditions be met:

  (a) Notification of the total number of residents to be trained during an academic year;

(b) Maintenance of approval of the Program by the Accreditation Council for Graduate Medical Education;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Graduates. The medical school and/or OB-GYN Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board of Health Care Workforce, National Health Services Corp.), or other activity of those residents completing their medical education and training at the medical school or OB-GYN Residency Program.

(ii) Medical Schools/OB-GYN Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of four years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for OB-GYN physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the OB-GYN Program, the Board shall authorize disbursement of OB-GYN residency capitation funding in quarterly installments.

(a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payment shall not be made for any one resident in excess of thirty-six months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) Payment for a resident who must extend his/her training over a period in excess of four (4) years will be authorized by the Board pending availability of funds.

(3) State Audit. The Medical School and/or OB-GYN Residency Program shall be subject to an audit of the financial records relating to the OB-GYN Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Medical School and/or OB-GYN Residency Program shall:

(a) Maintain for three (3) years after receipt of OB-GYN Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the OB-GYN Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of OB-GYN Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Medical School and/or OB-GYN Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-17-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "OB-GYN Residency Capitation Funding" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-18. INTERNAL MEDICINE RESIDENCY CAPITATION.

Rule 195-18-.01. General Definitions.

(1) "Internal Medicine Residency Program" is a three year training program after graduation from medical school designed to provide the experience required to train an internal medicine physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in Internal Medicine.

(2) "Accreditation Council for Graduate Medical Education" is the body established to accredit residency programs.

(3) "Essentials of Accredited Residencies in Graduate Medical Education," a document published by the American Medical Association in its annual Graduate Medical Education Directory, details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Residency Review Committee of the Accreditation Council for Graduate Medical Education requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of internal medicine resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of internal medicine physicians.

(6) "Resident" means an individual at any level in an ACGME-accredited Graduate Medical Education Program, including subspecialty programs.

(7) "Capitation" means Board funding of designated Internal Medicine Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(8) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-18-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Apr. 18, 2017; eff. May 8, 2017.

Rule 195-18-.02. Internal Medicine Residency Capitation Funding.

(1) For the annual provision of capitation funds to designated Internal Medicine Residency Programs, the Board requires the following conditions be met:

   (a) Notification of the total number of residents to be trained during an academic year;

(b) Maintenance of approval of the Program by the Accreditation Council for Graduate Medical Education;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Graduates. The medical school and/or Internal Medicine Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board of Health Care Workforce, National Health Services Corp.), or other activity of those residents completing their medical education and training at the medical school or Internal Medicine Residency Program.

(ii) Medical Schools/Internal Medicine Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of five years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for internal medicine physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the Internal Medicine Residency Program, the Board shall authorize disbursement of internal medicine residency capitation funding in quarterly installments.

(a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payment shall not be made for any one resident in excess of thirty-six months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) Payment for a resident who must extend his/her training over a period in excess of three (3) years will be authorized by the Board pending availability of funds.

(3) State Audit. The Medical School and/or Internal Medicine Residency Program shall be subject to an audit of the financial records relating to the Internal Medicine Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Medical School and/or Internal Medicine Residency Program shall:

(a) Maintain for three (3) years after receipt of Internal Medicine Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Internal Medicine Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of Internal Medicine Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Medical School and/or Internal Medicine Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-18-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Internal Medicine Residency Capitation Funding" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-19. GENERAL SURGERY RESIDENCY CAPITATION.

Rule 195-19-.01. General Definitions.

(1) "General Surgery Residency Program" is a five-year training program after graduation from medical school designed to provide the experience required to train a General Surgery physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in General Surgery.

(2) "Accreditation Council for Graduate Medical Education (ACGME)" is the body established to accredit residency programs.

(3) "Institutional, Program and Fellowship Requirements" of the ACGME details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the ACGME Residency Review Committee (RRC) requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of General Surgery resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of General Surgery physicians.

(6) "Resident" means an individual at any level in an ACGME accredited Graduate Medical Education Program, including subspecialty programs.

(7) "Capitation" means Board funding of designated General Surgery Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(8) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-19-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-19-.02. General Surgery Residency Capitation Funding.

(1) For the annual provision of capitation funds to designated General Surgery Residency Programs, the Board requires the following conditions be met:

(a) Notification of the total number of residents to be trained during an academic year;

(b) Maintenance of approval of the Program by the ACGME;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Graduates. The Medical School and/or General Surgery Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board of Health Care Workforce, National Health Services Corp, etc.), or other activity of those residents completing their medical education and training at the Medical School or General Surgery Residency Program.

(ii) The Medical Schools and/or General Surgery Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of three years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for General Surgery physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the General Surgery Residency Program, the Board shall authorize disbursement of General Surgery residency capitation funding in quarterly installments.

(a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payment shall not be made for any one resident in excess of sixty months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) Payment for a resident who must extend his/her training over a period in excess of five (5) years will be authorized by the Board pending availability of funds.

(3) State Audit. The Medical School and/or General Surgery Residency Program shall be subject to an audit of the financial records relating to the General Surgery Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Medical School and/or General Surgery Residency Program shall:

(a) Maintain for three (3) years after receipt of General Surgery Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the General Surgery Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of General Surgery Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Medical School and/or General Surgery Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-19-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Surgery Residency Capitation Funding" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of same title adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Chapter 195-20. GEORGIA PHYSICIAN LOAN REPAYMENT PROGRAM.

Rule 195-20-.01. General Definitions.

(1) "Georgia Board of Health Care Workforce" means the organization and its office created under O.C.G.A. § 49-10-1 and authorized to administer the Georgia Physician Loan Repayment Program.

(2) "Georgia Physician Loan Repayment Program (GPLRP)" refers to that program of the Georgia Board of Health Care Workforce authorized under O.C.G.A. § 31-34-1 et seq., and the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) which awards financial loans to physicians who desire to practice in medically underserved rural communities of Georgia.

(3) "Loan" refers to the service repayable grant awarded by the Georgia Board of Health Care Workforce to physicians who are desirous of becoming practicing physicians in rural, underserved areas of Georgia. Pursuant to matching GPLRP/HRSA federal grants.

(4) "Loan Repayment" refers to repayment of all or a portion of the recipient's outstanding medical education and training loan debt.

(5) "Qualifying debt" is any debt held by a Government (Federal, State or Local) and/or commercial loans from an established lending institution, identifiable as origination from the debt incurred to obtain a medical education, fully disclosed at the time of application, and is currently not in default even if the creditor now considers the defaulted loan to be in good standing.

(6) "Medical Education and Training Loan Debt" refers to loans incurred by the applicant to finance his/her medical education and training that remain unpaid during the contract period.

(7) "Eligible and Qualified Applicant" refers to, as minimum qualifications, a physician with outstanding medical educational and training loan debt, holding a current, unrestricted license to practice medicine in the State of Georgia and not having any outstanding contractual obligation for health professional service to the Federal Government, a State, or other entity, who desires to serve in a Board-approved, medically underserved rural area of Georgia.

(8) "Graduate Medical Education Training Program" means a graduate medical education program located in the United States which has received accreditation or provisional accreditation by the Accreditation Council for Graduate Medical Education or the

American Osteopathic Association designed to qualify the graduate for licensure by the Georgia Composite Medical Board.

(9) "Recipient" means any person who receives any amount of funding from the Georgia Board of Health Care Workforce/Georgia Physician Loan Repayment Program.

(10) "Service Repayment" means the period of service earned by the physician as approved by the Board, toward repayment of the service cancelable loan in professional medical services rendered by the recipient and as required under the provisions of the loan contract.

(11) "Credit" means that amount of time credited to the recipient for services rendered incompliance with the provisions of the contract. Credit is typically applied one year of funding for each year of service rendered in compliance with the repayment provisions of the contract.

(12) "Rural and Underserved Area" means a the Georgia Board of Health Care Workforce approved rural county in Georgia with a population of 50,000 or less according to the United States decennial census of 2010 or any future such census.

(13) "Health Professional Shortage Area," or HPSA, means a geographic area designated by the federal Department of Health and Human Services as requiring additional primary care or mental health physicians to meet health care needs.

(14) "Contract Renewal" means the yearly renewal of the loan repayment contract between the recipient and the Board. The contract period shall be two years and may be renewed for two one-year periods for a total not to exceed four (4) years and a total amount not exceeding 100,000.

(15) "Priority of Specialty" refers to the priority of award consideration given to physician applicants as determined on an annual basis by the Board and recorded in the official minutes.

(16) "Award Amount" refers to the annual amount obligated to a loan repayment recipient. The Board shall determine the award amount. At its annual meeting, the Georgia Board of Health Care Workforce may, within its discretion, set the award amount for new loans within the limit of the appropriated funds for the budget year. Said amount shall be set forth in the official minutes of the Board.

(17) "Targeted County" means any of those counties targeted by the Georgia Board of Health Care Workforce as an area of severe medical need that is also designated by the federal government as a Health Professional Shortage Area.

(18) "Default" means breach of contract by the recipient in failing to begin or failing to complete the contractual service obligation of the Georgia Physician Loan Repayment Program.

(19) "Full Time" refers to 40 hours of work required per week to fulfill service obligations. Full time is considered at least 32 clinical hours providing direct patient care during normal clinic hours at the approved practice site. Remaining eight hours must be spent providing inpatient care to patients and/or in practice-related administrative activities. On-call hours are not considered part of the full time requirement. Full time hours for an OB/GYN or Family Medicine physicians who practice OB are considered at least 21 of the minimum 40 hours work week must be spent providing direct patient care during normal clinic hours at the approved practice site. The remaining hours must be spent providing inpatient care to patients of the approved site, and/or in practice related administrative activities not to exceed 8 hours per week. 40 hours per week for General Surgery is combined clinical/office hours and surgery/inpatient care with no more than 8 hours per week devoted to practice related administrative duties. For all specialties employed under state jurisdiction, the full time equivalent as recognized by the respective state or federal agency is acceptable. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks in a service year will extend the service commitment.

(20) "Practice" refers to providing direct patient care in Board approved rural and underserved areas located within the State of Georgia, which are also HPSAs designated as by United States Department of Health and Human Service.

(21) "Direct Patient Care" refers to hands on, face-to-face contact with patients for the purpose of diagnosis, treatment and monitoring.

(22) "Non-Profit Private Entity" means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose (42 C.F.R. 62.52).

(23) "For-Profit Health Facilities Operated by Non-Profit Organizations" refers to those organizations that accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.

Cite as Ga. Comp. R. & Regs. R. 195-20-.01
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "General Definitions" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of same title adopted. F. July 31, 2018; eff. August 20, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-20-.02. Eligibility Criteria and Application Process.

(1) **Eligibility Criteria.** Program eligibility is limited to applicants who meet the following criteria:

a. Physicians must be licensed with no restrictions and in good standing to practice in Georgia by the Georgia Composite Medical Board.

b. Physicians' practice must be limited to the specialties of Family Medicine (and osteopathic general practice), General Internal Medicine, General Pediatrics, Obstetrics/Gynecology, Family Medicine with OB, Geriatrics, or General Psychiatry. General Practitioners (physicians who have not completed a residency training program) are not eligible for funding under the Georgia Physician Loan Repayment Program.

c. Physicians must contractually agree to practice in a Board-approved, targeted county in Georgia which is also designated as a Health Professional Shortage Area by the federal government.

d. Physicians must agree to a minimum two-year, full-time service obligation in a Board approved, targeted county in Georgia which is also designated as a Health Professional Shortage Area by the federal government.

e. Physicians must practice in not-for-profit institutions or not-for-profit medical practices.

f. Physicians must maintain a Georgia Medicaid number and actively treat Medicaid patients in their practice.

g. Physicians must not have other current contractual service obligations, such as National Health Service Corps Scholarships, Military Service obligations, or obligations to a State or other entity prior to beginning this contract.

h. Physicians agree to accept reimbursement under Medicare, Medicaid and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.

i. All practice sites must be located in federally-designated HPSAs and which also meet Rule 195-14-.01(12) and be approved by the Board.

j. In addition to the requirements set forth in subsection "i" above physicians must work in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists must serve in a mental health HPSA.

k. Eligible practice sites must charge for professional services at the usual and customary prevailing rates.

l. Eligible practice sites must provide discounts for individuals with limited incomes (i.e., use a sliding fee scale).

(1) for those with annual incomes at or below 100 percent of the HHS Poverty Guidelines, the practice site must provide services at no charge or at a nominal charge.

(2) for individuals between 100 and 200 percent of the HHS Poverty Guidelines, practice sites must provide a schedule of discounts, which should reflect a nominal charge covered by a third party (either public or private).

m. Physicians must meet all other requirements as set forth by the Georgia Board of Health Care Workforce and the U.S. Department of Health and Human Services Health Resources and Services Administration.

(2) **Application Process.**

Each applicant must:

a. Submit a completed application form.

b. Submit a full disclosure of all outstanding medical educational and training debt and service commitment obligations.

c. Request the completion and submission of a site assessment form from the practice entity or employer.

d. Submit documentation of the not-for-profit tax status of the practice entity.

e. Submit a copy of the contract between the practice entity and the applicant or a letter of attestation from the applicant documenting a commitment to full time (40+ hours per week) practice in the rural community where the practice is located.

f. Attest that the applicant does not have any other current service obligation, such as National Health Service Corp, Georgia Board of Health Care Workforce, or Military Service obligations.

g. Submit a signed and notarized O.C.G.A. § 50-36-1(f)(1)(B) Affidavit.

h. Submit one secure and verifiable document under O.C.G.A. § 50-36-2.

Cite as Ga. Comp. R. & Regs. R. 195-20-.02
Authority: O.C.G.A. §§ 49-10-1, 50-36-1(f)(1)(B), 50-36-2.
History. Original Rule entitled "Eligibility Criteria and Application Process" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-20-.03. Review Process.

(1) **Administrative Review.**

A. The Board staff shall collect and maintain documentation of the following information from GPLRP applicants, including but not limited to:

1. Application form.
2. Full disclosure of all outstanding medical education and training debt.
3. Site assessment form from the practice entity or employer.
4. Documentation of the not-for-profit status of the practice entity.
5. Documentation of the county population where the practice is located.
6. Documentation that the practice is located in a Health Professional Shortage Area.
7. Documentation verifying enrollment in Medicaid.
8. Documentation that the practice is located in a Georgia Board of Health Care Workforce /Georgia Physician Loan Repayment Program targeted county in Georgia.
9. Copy of the contract between the practice entity and the physician or attestation from the physician documenting full time (40+ hours per week) practice in the rural area where the practice is located.
10. Attestation from the applicant that the applicant does not have any other current service obligations.
11. Signed and notarized O.C.G.A. § 50-36-1(f)(1)(B) Affidavit.
12. One secure and verifiable document under O.C.G.A. § 50-36-2.

B. The Board staff shall review application materials to ensure eligibility requirements are met and all required documentation has been submitted.

C. Staff will compile the information and prepare a summary of each applicant for the Board's review.

(2) **Board Review and Approval Process.**

A. The Board shall receive and act upon all applications for the Georgia Board of Health Care Workforce /Georgia Physician Loan Repayment Program made by eligible and qualified physicians.

B. The Board may employ such methods of applicant evaluation that it deems proper.

C. The Board shall review all documentation submitted by the applicant and by the Board staff to assure that the applicant meets all eligibility requirements for the GPLRP.

D. The Board shall prioritize awards based on the Georgia Board of Health Care Workforce approved Primary Care/Core Specialties. Family Medicine, Internal Medicine, Pediatrics, OB/GYN, and Geriatrics will be ranked highest. All other specialties will be considered, but will rank lower than those previously listed. Other criteria for selection include Health Outcomes, Debt, Total Compensation, Practice Type, Whether or not applicant lives in the county of Practice, Other Loan Repayment, County Rank, and Previous Awards.

E. The Board shall rank all qualified applicants from highest priority to lowest priority and shall allocate awards based on availability of funds and the rank order of the applicants.

F. The Board shall not discriminate or evaluate applicants on the basis of race, religion, gender, or national origin.

G. Action on applicant ranking and awards shall be made upon majority vote of the Board members present.

H. Action on awards shall be duly recorded in the minutes of the Board meeting.

Cite as Ga. Comp. R. & Regs. R. 195-20-.03
Authority: O.C.G.A. §§ 49-10-1, 50-36-1(f)(1)(B), 50-36-2.
History. Original Rule entitled "Review Process" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-20-.04. Award Process.

A. The Board staff shall notify each applicant in writing of the Board's decision within 10 days following the decision.

B. The successful applicant will be asked to accept or decline the award of a loan by signing and submitting an *Acceptance Form*.

C. Those applicants who accept the loan award shall receive a contract for participation in the Georgia Board of Health Care Workforce /Georgia Physician Loan Repayment Program. Each recipient will be allowed 10 days in which to review the contract with an attorney as to its contents if they so choose.

D. Loan awards that are rejected by the applicant shall be made available to the next highest ranking applicant based on the discussion and action taken by the Board.

E. The Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Board Chairman. Such documents shall be notarized and the official seal affixed.

F. One of two fully executed copies of each loan contract shall be returned to the applicant and one kept in the permanent records of the Georgia Board of Health Care Workforce.

G. Funds shall be paid directly to the financial institution holding the recipient's student loan debt unless payment arrangements are otherwise directed in writing by the Board.

H. The Board staff shall submit a check request to the Georgia Department of Community Health for payment of loan awards approved by the Board and for which a fully executed contract is on file in the Board offices.

Cite as Ga. Comp. R. & Regs. R. 195-20-.04
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "Award Process" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-20-.05. Contract Provisions.

(1) The term of the contract will be two years with two renewals available of one year each, with a four year maximum.

(2) Awards shall be in an amount determined by the Board at the annual meeting of the Board.

(3) Completion of an annual questionnaire is required. Failure to submit required documents will eliminate eligibility for contract renewal.

(4) Service credit will be applied for each year of practice in a Board-approved Georgia community or location.

(5) Each loan repayment recipient is responsible for keeping the Board apprised of his/her current address and telephone number at all times. Failure to do so may result in cancellation of contract and request for payment in full.

(6) The Board has the authority to cancel the contract of any recipient of a loan for cause deemed sufficient by the Board, provided that such authority is not arbitrarily or unreasonable exercised. Upon such cancellation by the Board, the recipient becomes liable for the sum of the following:

(a) the total of the amount paid by the GPLRP to, or on behalf of, the participant for loan repayments for any period of obligated service not served; and

(b) an amount equal to the number of months of obligated service not completed multiplied by $7,500; and

(c) interest on the above amounts at the maximum legal prevailing rate, as determined by the treasurer of the United States, from the date of breach, except that the amount to recover will not be less than $31,000

(d) the total amount owed is due within one year of the breach.

(7) The Georgia Board of Health Care Workforce is vested with full and complete authority to bring an action in its own name against any applicant for any balance due the Georgia Board of Health Care Workforce on any such contract.

Cite as Ga. Comp. R. & Regs. R. 195-20-.05
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "Contract Provisions" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-20-.06. Contract Default, Penalty, and Appeals.

(1) Default - a recipient will be considered in default of the contractual obligations of the Georgia Physician Loan Repayment Program under or "including but not limited to" any of the following situations:

(a) The recipient loses his/her Georgia medical license; or restrictions are placed on the recipient's license rendering him/her ineligible to practice full time medicine in agreement with the terms of the GPLRP contract.

(b) The recipient fails to begin professional practice in a Board approved practice location in a medically underserved rural area of Georgia as specified in the contract;

(c) The recipient fails to maintain a full time practice (40+ hours per week) in the Board approved practice location specified in the contract;

(d) The recipient fails to complete the full term if the contractual service obligation in the practice location specified in the contract:

(e) The recipient fails to comply with the annual reporting requirements specified in the contract;

(f) The recipient fails to provide Board staff with access to records or other information necessary to monitor the recipient's compliance with contract terms.

(g) For any cause deemed sufficient by the Board which authority is not to be arbitrarily or unreasonable exercised.

(2) Penalty for Default - upon a finding of default by the Board, the recipient will be subjected to paying an amount equal to the sum of the following:

(a) the total amount paid by the GPLRP to, or on behalf of, the participant for loan repayments for any period of obligated not served; and

(b) an amount equal to the number of months of obligated services not completed multiplied by $7,500.00; and

(c) interest on the above amounts at the maximum legal prevailing rate, as determined by the treasurer of the United States, from the date of breach, except that the amount to recover will not be less than $31,000.00; and

(d) the total amount owed is due within one year of the breach.

(3) Waiver Provision - a participant may request a waiver of their Georgia Physician Loan Repayment Program obligation. A waiver is a permanent status. The basis for the waiver would be a documented medical condition or a personal situation that:

(a) results in the individual's permanent inability to serve the obligation or pay the debt; or

(b) would involve a permanent extreme hardship to the individual and would be against equity and good conscience to enforce the service or payment obligation.

(4) Suspension Provision - participants may request a suspension of their Georgia Physician Loan Repayment Program obligation. A suspension may be granted for up to one (1) year. The basis for a suspension would be a documented physical or mental health disability, such as the terminal illness of an immediate family member that results in the following:

(a) temporarily impossible for the participant to continue the service obligation or payment of the monetary debt; or

(b) temporarily involve an extreme hardship to the individual and would be against equity and good conscience to enforce the service or payment obligation.

(5) Appeal Process - a recipient found to be in default may appeal the finding to the Board in writing. The recipient shall also have the right to request a hearing before the Board to appeal a finding of default or enforcement of the penalty provision. If a recipient fails to

appear for a scheduled hearing before the Board, the recipient shall forfeit all rights of appeal. The Board shall consider appeals from recipients prior to enforcement of the penalty provision.

(6) Enforcement of Penalty - the penalty provision for default shall be enforced by a letter of demand for payment from the Board to the recipient. If the recipient fails to respond to the letter of demand for payment, collection shall be pursued through the civil courts.

Cite as Ga. Comp. R. & Regs. R. 195-20-.06
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "Contract Default, Penalty, and Appeals" adopted. F. Apr. 18, 2017; eff. May 8, 2017.

Rule 195-20-.07. Monitoring Compliance.

A. The Board shall monitor compliance primarily through information submitted by the recipient in an annual report, which shall include information about the recipient and about the recipient's practice as it relates to the service obligations of the contract.

B. The Board may also monitor compliance through on-site visits by Board staff or contracted compliance officers to the recipient's practice during the contract period. Such on-site visits may be unannounced.

C. The Board, at its discretion, may monitor compliance through other appropriate means.

Cite as Ga. Comp. R. & Regs. R. 195-20-.07
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "Monitoring Compliance" adopted. F. Apr. 18, 2017; eff. May 8, 2017.

Rule 195-20-.08. Allocation of Funds.

(1) Funds for all awards granted through the Georgia Physician Loan Repayment Program shall be allocated in accordance with the terms of State Loan Repayment Grant from the U.S. Department of Health and Human Services.

(2) Fifty percent of the funds for each award shall be allocated from federal funds awarded to the Georgia Board of Health Care Workforce through the U.S. Department of Health and Human Services State Loan Repayment grant and fifty percent of funding from state funds allocated to the Georgia Board of Health Care Workforce by the Georgia General Assembly.

Cite as Ga. Comp. R. & Regs. R. 195-20-.08
Authority: O.C.G.A. § 49-10-1.

History. Original Rule entitled "Allocation of Funds" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-20-.09. Accounting Procedures and Reporting Requirements.

The Georgia Department of Community Health shall maintain appropriate records under the terms of the State Loan Repayment grant from the U.S. Department of Health and Human Services and in accordance with the provisions of the Georgia Administrative Attachment Statute, O.C.G.A. § 50-4-3.

Cite as Ga. Comp. R. & Regs. R. 195-20-.09
Authority: O.C.G.A. §§ 49-10-1, 50-4-3.
History. Original Rule entitled "Accounting Procedures and Reporting Requirements" adopted. F. Apr. 18, 2017; eff. May 8, 2017.

Rule 195-20-.10. Due Process and Collections Provisions in the Event of Default.

A. **Intent and General Approach.** It is the intention of the Georgia Board of Health Care Workforce to carry out the purpose of the Georgia Physician Loan Repayment Program to recruit physicians in medically underserved rural areas of Georgia. It is also the intention of the Georgia Board of Health Care Workforce to assure due process in the enforcement of the provisions of the loan repayment program contract. Therefore, in the event of default by the recipient of the service obligations of the contract, the Board will take reasonable steps to negotiate completion of the service obligation by the recipient prior to enforcement of the penalty provisions of the contract.

B. **Assessment of Default.** Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default and report to the Board.

C. **Notification and Due Process Procedures.** In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.** The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.** Upon receipt of a notice of default, the scholarship recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the

Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take place at the next official meeting of the Board upon receipt of a clearly written request for a hearing.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Vice Chair of the Board shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing. The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

d. Neither the Board nor the recipient shall be represented by legal counsel at the hearing.

e. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

f. The recipient shall be notified in writing of the Board's decision within ten days of the date of the hearing.

g. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

D. **Enforcement of Penalty Provisions.**

(1) In the event of default, and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) In the event legal action is instituted to collect any amount under the contract, the recipient shall pay attorney's fees incurred in the collection in an amount equal to fifteen percent (15%) of the unpaid balance of principal and interest.

(3) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia Treasury.

(4) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-20-.10
Authority: O.C.G.A. § 49-10-1.
History. Original Rule entitled "Due Process and Collections Provisions in the Event of Default" adopted. F. Apr. 18, 2017; eff. May 8, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-21. PSYCHIATRY RESIDENCY CAPITATION.

Rule 195-21-.01. General Definitions.

(1) "Psychiatry Residency Program" is a four year training program after graduation from medical school designed to provide the experience required to train a psychiatric physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in Psychiatrist Medicine.

(2) "Accreditation Council for Graduate Medical Education" is the body established to accredit residency programs.

(3) "Essentials of Accredited Residencies in Graduate Medical Education," a document published by the American Medical Association in its annual Graduate Medical Education Directory, details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the Residency Review Committee of the Accreditation Council for Graduate Medical Education requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of psychiatric resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of psychiatric physicians.

(6) "Resident" means an individual at any level in an ACGME-aaccredited Graduate Medical Education Program, including subspecialty programs.

(7) "Capitation" means Board funding of designated Psychiatry Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(8) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-21-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. July 31, 2017; eff. August 20, 2017.

Rule 195-21-.02. Psychiatry Residency Capitation Funding.

(1) For the annual provision of capitation funds to designated Psychiatry Residency Programs, the Board requires the following conditions be met:

(a) Notification of the total number of residents to be trained during an academic year;

(b) Maintenance of approval of the Program by the Accreditation Council for Graduate Medical Education;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the GBPW's Report Guidelines;

1. Practice Location of Graduates. The medical school and/or Psychiatry Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board for Physician Workforce, National Health Services Corp.), or other activity of those residents completing their medical education and training at the medical school or Psychiatry Residency Program.

(ii) Medical Schools/Psychiatry Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the

practice status of graduates for a period of five years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for Psychiatric physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the Psychiatry Residency Program, the Board shall authorize disbursement of psychiatry residency capitation funding in quarterly installments.

(a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payment shall not be made for any one resident in excess of forty-eight months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) Payment for a resident who must extend his/her training over a period in excess of four (4) years will be authorized by the Board pending availability of funds.

(3) State Audit. The Medical School and/or Psychiatry Residency Program shall be subject to an audit of the financial records relating to the Psychiatry Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Medical School and/or Psychiatry Residency Program shall:

(a) Maintain for three (3) years after receipt of Psychiatry Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Psychiatry Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of Psychiatry Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Medical School and/or Psychiatry Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-21-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Psychiatry Residency Capitation Funding" adopted. F. July 31, 2017; eff. August 20, 2017.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.
Repealed: New Rule of the same title adopted. F. May 1, 2020; eff. May 21, 2020.

Chapter 195-22. MEDICAL MALPRACTICE INSURANCE PREMIUM GRANT PROGRAM.

Rule 195-22-.01. General Definitions.

(1) "Medical malpractice insurance" is insurance that covers the physician against claims brought against him/her in cases of alleged professional negligence in delivery of medical treatment.

(2) "Medical Malpractice Premium" A medical malpractice insurance premium is a periodic payment made on a malpractice insurance policy to keep it in good standing.

(3) "Underserved rural area" a Georgia county with a population of 50,000 or less according to the United States decennial census of 2016 or any future such census.

(4) "Grant Program" is the Georgia Board of Health Care Workforce Medical Malpractice Insurance Premium Assistance Program.

(5) "Composite Medical Board" is the Board that licenses physicians in the state of Georgia.

(6) "Full time practice" refers to the minimum number of hours of work required per week to fulfill service obligation. Full time is considered at least 40 clinical hours providing direct patient care during normal clinic hours at the approved practice site. On-call hours are not

considered part of the full-time requirement. No more than 7 weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than 7 weeks in a service year will extend the service commitment.

(7) "Continuing Medical Education" Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

(8) "Board Certified" mean having satisfied the requirements for board certification.

(9) "Weekend or extended hours" Provide weekend or extended hours.

Cite as Ga. Comp. R. & Regs. R. 195-22-.01
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "General Definitions" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-22-.02. Eligibility Criteria.

(1) To be eligible to receive a grant under the grant program, a physician shall meet the following qualifications:

(a) Maintain a practice in a medically underserved rural area of the state;

(b) Be licensed to practice in this state and board certified;

(c) Complete a minimum of 100 hours biennially of continuing medical education as approved by the Georgia Composite Medical Board;

(d) Provide weekend or extended hours; and

(e) Accept Medicaid and Medicare patients.

(f) A physician receiving a grant pursuant to the grant program shall agree to practice medicine in such medically underserved rural areas of the state full-time as defined by the Board.

(g) Must meet all other requirements as set forth by the Georgia Board of Health Care Workforce.

Cite as Ga. Comp. R. & Regs. R. 195-22-.02
Authority: O.C.G.A. § 31-34-20.

History. Original Rule entitled "Eligibility Criteria" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-22-.03. Application and Review Process.

(1) Each applicant must:

(a) Submit a completed application form

(b) Submit proof of malpractice policy and premium

(c) Submit a copy of the contract between the practice entity and the applicant or a letter of attestation from the applicant documenting a commitment to full time (40+ hours per week) practice in the rural community where the practice is located.

(2) Administrative Review.

A. The Board Staff shall collect and maintain documentation of the following information from applicants:

1. Application form.

2. Full disclosure of malpractice policy and all premiums

3. Documentation of the county and city/town population where the practice is located.

4. Documentation that the practice will be located in a rural Georgia community.

5. Copy of the employment contract documenting full time (40+ hours per week) practice in the rural community where the practice is located.

6. Documentation verifying enrollment in the Georgia Medicaid and the Federal Medicare programs.

B. The Board staff shall review application materials to ensure eligibility requirements are met and all required documentation has been submitted.

C. Staff will compile the information and prepare a summary of each applicant for the Board's review.

(3) Board Review, Criteria for Prioritizing Awards and Approval Process.

A. The Board shall receive and act upon all applications made by eligible and qualified applicants.

B. The Board may employ such methods of applicant evaluation that it deems proper.

C. The Board shall not discriminate or evaluate applicants on the basis of race, religion, gender or national origin.

D. The Board shall review all documentation submitted by the applicant and by the Board staff to assure that the applicant meets all eligibility requirements.

E. The Board shall prioritize awards based on the following criteria:

(1) Number of physicians in the county. Counties with no physicians shall be given the highest priority.

F. The Board shall establish a final ranking of all qualified applicants from highest priority to lowest priority and shall allocate awards based on availability of funds and the final rank order of the applicants.

G. Action approving the applicant ranking and order of awards shall be made upon majority vote of the Board members present.

H. Action on awards shall be duly recorded in the minutes of the Board meeting.

Cite as Ga. Comp. R. & Regs. R. 195-22-.03
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Application and Review Process" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-22-.04. Award Process.

A. The Board staff shall notify each applicant in writing of the Board's decision within ten (10) days following the decision.

B. The successful applicant will be asked to accept or decline the award of a loan by signing and submitting an Acceptance Form.

C. Those applicants who accept the grant award shall receive a contract for participation in the Program. Each recipient will be allowed 10 days in which to review the contract with an attorney as to its contents if they so choose.

D. Grant awards that are rejected by the applicant shall be made available to the next highest ranking applicant based on the discussion and action taken by the Board.

E. The Board staff shall arrange for all valid and approved contracts to be executed by the Executive Director and Board Chairman. Such documents shall be notarized and the official seal affixed.

F. One of two fully executed copies of each loan contract shall be returned to the applicant and one kept in the permanent records of the Georgia Board of Health Care Workforce.

G. Funds shall be reimbursed to the recipient upon receipt of payment.

H. The Board staff shall submit appropriate documentation to the Georgia Department of Community Health to process a payment.

I. The Board staff shall maintain appropriate records necessary to account for the expenditure of funds for the Program.

Cite as Ga. Comp. R. & Regs. R. 195-22-.04
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Award Process" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-22-.05. Contract Provisions.

A. The term of the Program contract will be one year of coverage.

B. Awards shall be in an amount determined by the Board at the annual meeting of the Board.

C. Recipients shall provide one year of service in a practice location approved by the Board for each contract.

D. If funds are available, the contract may be renewed up to three times, for a total of four contract years.

E. Annual documentation of the physician's practice location and other information is required to be submitted by the recipient in the form of an annual report to the Board. Failure to submit the annual report will eliminate eligibility for contract renewal.

F. Each recipient is responsible for keeping the Board apprised of his/her current address, email address, and telephone number at all times.

G. The Board has the discretionary power to cancel any contract for cause deemed sufficient by the Board. Upon such cancellation by the Board, the total uncredited amount of the grant paid on behalf of the recipient shall at once become due and payable to the Georgia Board of Health Care Workforce.

H. The Georgia Board of Health Care Workforce is vested with full and complete authority to bring an action in its own name against any recipient for any balance due the Georgia Board for Health Care Workforce on any such contract.

Cite as Ga. Comp. R. & Regs. R. 195-22-.05
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Contract Provisions" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-22-.06. Contract Default, Penalty and Appeal.

(1) Default - a recipient will be considered in default of the contractual obligations of the Program under any of the following situations:

(a) The recipient loses his/her Georgia physician license or restrictions are placed on the recipient's license rendering him/her ineligible to practice full-time in agreement with the terms of the contract;

(b) The recipient fails to begin professional practice in a Board approved practice location in a rural community in Georgia as specified in the contract;

(c) The recipient fails to complete the full term of the contractual service obligation in the practice location specified in the contract;

(d) The recipient fails to maintain a full-time practice (40+hours per week) in the Board approved practice location specified in the contract;

(e) The recipient fails to provide Board staff with access to records or other information necessary to monitor the recipient's compliance with contract terms.

(2) Penalty for Default - upon a finding of default by the Board, the recipient shall immediately be liable to the Board for the original principal amount of the grant award provided to the recipient.

(3) Reduction of Penalty - the Georgia Board of Health Care Workforce may consent or agree to a lesser measure of damages in recognition of service provided or for other compelling reasons.

(4) Appeal Process - a recipient found to be in default may appeal the finding to the Board in writing. The recipient shall also have the right to request a hearing before the Board to appeal a finding of default or enforcement of the penalty provision. If a recipient fails to appear for a scheduled hearing before the Board, the recipient shall forfeit all rights of appeal. The Board shall consider appeals from recipients prior to enforcement of the penalty provision.

(5) Enforcement of Penalty - the penalty provision for default shall be enforced by a letter of demand for payment from the Board to the recipient. If the recipient fails to respond to the letter of demand for payment, collection shall be pursued through the civil courts.

Cite as Ga. Comp. R. & Regs. R. 195-22-.06
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Contract Default, Penalty and Appeal" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-22-.07. Monitoring Compliance.

(1) The Board shall monitor compliance primarily through information submitted by the recipient in an annual report, which shall include information about the recipient and about the recipient's practice as it relates to the service obligations of the contract.

(2) The Board may also monitor compliance through on-site visits by Board staff or contracted compliance officers to the recipient's practice during the contract period. Such on-site visits may be unannounced.

(3) The Board, at its discretion, may monitor compliance through other appropriate means.

Cite as Ga. Comp. R. & Regs. R. 195-22-.07
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Monitoring Compliance" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-22-.08. Allocation of Funds.

(1) Funds for all awards granted through the Medical Malpractice program shall be allocated from funding appropriated to the Georgia Board of Health Care Workforce by the Georgia General Assembly for that purpose.

Cite as Ga. Comp. R. & Regs. R. 195-22-.08
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Allocation of Funds" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Rule 195-22-.09. Accounting Procedures and Reporting Requirements.

(1) The Georgia Department of Community Health shall maintain appropriate records in accordance with the provisions of the Georgia Administrative Attachment Statute, O.C.G.A. § 50-4-3.

Cite as Ga. Comp. R. & Regs. R. 195-22-.09
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Accounting Procedures and Reporting Requirements" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-22-.10. Due Process and Collection Provisions in the Event of Default.

A. **Assessment of Default**.

Board staff shall investigate potential default situations, obtain information from recipients pertaining to the potential default report to the Board.

B. **Notification and Due Process Procedures.**

In the event the Board determines a recipient to be in default, the following steps shall be taken:

(1) **Notification of Default.**

The Executive Director of the Board shall notify the recipient by certified mail of the Board's finding that the recipient is in default. The letter of notification shall include the facts upon which the Board made its finding of default. The letter of notification shall provide information on the penalty provisions of the contract, including the total penalty due and payable, the Board's procedures for enforcement of the penalty provisions, and the opportunity for the recipient to obtain a hearing before the Board to appeal the finding of default.

(2) **Opportunity for a Hearing prior to enforcement of penalty provisions.**

Upon receipt of a notice of default, the recipient will be allowed thirty (30) days from the mailing date of the default notice to request a hearing before the Board to dispute the finding of default or to provide information to the Board as to why the penalty provisions of the contract should not be enforced. Said hearing shall take place at the next scheduled full board meeting if practicable, or the one immediately following that meeting.

(3) **Hearing.**

a. The Board Chair shall serve as the presiding officer for the hearing. In the absence of the Chair, the Board Vice-Chair shall preside.

b. The recipient shall have a reasonable amount of time during the hearing to present information relevant to the issue of default to the Board. The presiding officer of the hearing shall determine the length of the hearing and shall have the sole authority to bring the hearing to closure.

c. Testimony of individuals with knowledge relevant to the recipient's case is requested to be submitted in writing to the Board at least one week prior to the date of the hearing.

The presiding officer of the hearing may permit live testimony if, in the sole opinion of the presiding officer, the information to be presented by witnesses is relevant and useful to assist the Board in making an appropriate decision.

d. At the conclusion of the hearing, action to accept or reject the recipient's appeal shall be made by majority vote of the Board members present. The decision of the Board shall be final.

e. The recipient shall be notified in writing of the Board's decision within ten (10) days of the date of the hearing.

f. If the recipient declines the offer of a hearing before the Board or fails to appear as scheduled, the penalty provisions of the contract shall be enforced immediately.

C. **Enforcement of Penalty Provisions**.

(1) In the event of default, and following implementation of the notification and due process procedures, the penalty provisions of the contract shall be enforced through the civil courts.

(2) Principal and penalties collected through the courts shall be used to pay the balance of any costs of collection, with the balance returned to the State of Georgia treasury.

(3) Penalty payments made to the State Treasury shall be duly recorded by the Georgia Board of Health Care Workforce and a record of payment maintained in the recipient's permanent file.

Cite as Ga. Comp. R. & Regs. R. 195-22-.10
Authority: O.C.G.A. § 31-34-20.
History. Original Rule entitled "Due Process and Collection Provisions in the Event of Default" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 26, 2019; eff. Jan. 15, 2020.

Chapter 195-23. EMERGENCY MEDICINE RESIDENCY CAPITATION.

Rule 195-23-.01. General Definitions.

(1) "Emergency Medicine Residency Program" is a three year training program after graduation from medical school designed to provide the experience required to train an Emergency Medicine physician as delineated by the Accreditation Council for Graduate Medical Education, Essentials for Residency Programs in Emergency Medicine.

(2) "Accreditation Council for Graduate Medical Education (ACGME)" is the body established to accredit residency programs.

(3) "Institutional, Program and Fellowship Requirements" of the Accreditation Council for Graduate Medical Education (ACGME) details the institutional and program requirements for each of the medical specialties and subspecialties.

(4) "Qualified Hospital" means a hospital, or associated hospitals, which meet(s) the ACGME Residency Review Committee (RRC) requirements for a critical mass and mix of hospital patients, medical staff, facilities, and financial support adequate to sustain a quality program of Emergency Medicine resident training.

(5) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of Emergency Medicine physicians.

(6) "Resident" means an individual at any level in an ACGME accredited Graduate Medical Education Program, including subspecialty programs.

(7) "Capitation" means Board funding of designated Emergency Medicine Residency Training Programs based upon a fixed dollar amount per resident times the number of residents in training, with the fixed dollar amount being set by the total state appropriation available for this purpose.

(8) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-23-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-23-.02. Emergency Medicine Residency Capitation Funding.

(1) For the annual provision of capitation funds to designated Emergency Medicine Residency Programs, the Board requires the following conditions be met:

   (a) Notification of the total number of residents to be trained during an academic year;

   (b) Maintenance of approval of the Program by the Accreditation Council for Graduate Medical Education;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all reports including, but not limited to, a graduate practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Graduates. The Medical School and/or Emergency Medicine Residency Program shall annually submit a report to the Board indicating the practice location of each graduate to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) Graduate practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board of Health Care Workforce, National Health Services Corp, etc.), or other activity of those residents completing their medical education and training at the Medical School or Emergency Medicine Residency Program.

(ii) Medical Schools/Emergency Medicine Residency Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of graduates for a period of three years post-graduation.

(e) Development and maintenance of procedures to encourage residents to establish practices in areas of Georgia where unmet need exists for Emergency Medicine physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the Resident Monthly Updates submitted by the Emergency Medicine Residency Program, the Board shall authorize disbursement of Emergency Medicine residency capitation funding in quarterly installments.

(a) The Program shall report on the Resident Monthly Updates, resident's name, social security number, anticipated date of graduation, post-graduate year, and indication of resident participation during report period. Such reports shall be submitted no later than the tenth (10) day of the following month.

(b) Capitation payment shall not be made for any one resident in excess of thirty-six months.

(c) Payment will not be made for any resident on an unpaid leave of absence.

(d) Payment for a resident who must extend his/her training over a period in excess of three (3) years will be authorized by the Board pending availability of funds.

(3) State Audit. The Medical School and/or Emergency Medicine Residency Program shall be subject to an audit of the financial records relating to the Emergency Medicine Residency Capitation Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Medical School and/or Emergency Medicine Residency Program shall:

(a) Maintain for three (3) years after receipt of Emergency Medicine Residency Capitation Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Emergency Medicine Residency Capitation Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of Emergency Medicine Residency Capitation Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of retention will be determined by the Board from time to time and set forth in the Agreement between the Board and the Medical School and/or Emergency Medicine Residency Program.

Cite as Ga. Comp. R. & Regs. R. 195-23-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Emergency Medicine Residency Capitation Funding" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.

Chapter 195-24. MASTERY IN GENERAL SURGERY PROGRAM.

Rule 195-24-.01. General Definitions.

(1) "Mastery in General Surgery (MGS) Program" is a one year program designed by the American College of Surgeons Division of Education to support the transition to independent practice in general surgery through: building autonomy, decision-making, and clinical skills; developing experience in practice management, leadership, and quality improvement; learning the business of medicine; and launching the career of general surgery.

(2) "American College of Surgeons (ACS)" is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

(3) "ACS Division of Education" is a division of the American College of Surgeons that is at the forefront of national and international innovative education and training to promote excellence and expertise in surgery.

(4) "Standards and Guiding Statements" are the statements that describe elements common for all institutions participating in the ACS Mastery in General Surgery Program and should guide the development of new Mastery in General Surgery programs.

(5) "MGS Associate" means a graduate from a US-accredited ACGME general surgery residency program that functions as a junior associate with "back-up" senior associate at all times.

(6) "Accreditation Council for Graduate Medical Education (ACGME)" is the body established to accredit residency programs.

(7) "Underserved Areas" are those geographic areas of the state in which the Board determines there is a shortage of general surgery physicians.

(8) "General Surgery" means a surgical specialty that focuses on abdominal contents including esophagus, stomach, small bowel, colon, liver, pancreas, gallbladder and bile ducts, and often the thyroid gland.

(9) "Board Programs" means those medical education activities supported by the Board and/or funded by the General Assembly to address Georgia's physician workforce needs.

Cite as Ga. Comp. R. & Regs. R. 195-24-.01
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "General Definitions" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.

Rule 195-24-.02. Mastery in General Surgery Program Funding.

(1) For the annual provision of funds to designated Mastery in General Surgery Programs, the Board requires the following conditions be met:

(a) Notification of the total number of junior associates to be trained during an academic year;

(b) Maintenance of approval of the Program by the American College of Surgeons Division of Education;

(c) Compliance with all Board guidelines, rules, and regulations;

(d) Submission of all reports including, but not limited to, a participant practice location report, and such other documents as may be reasonably required by the Board and/or outlined in the Georgia Board of Health Care Workforce Report Guidelines;

1. Practice Location of Program Participants. The MGS Program shall annually submit a report to the Board indicating the practice location of each participant to assist the Board in evaluating the effectiveness of the Program in meeting the need for physicians in Georgia.

(i) MGS program participant practice location reports shall be due no later than September 1st of each year and include the practice location (city/state), additional training being pursued (e.g., fellowship), military service obligation, other state or federal service obligation (e.g., Georgia Board of Health Care Workforce, National Health Services Corp., etc.), or other activity of those program participants completing the MGS program.

(ii) MGS Programs shall be expected to monitor, update, and report to the Board, any changes in the practice status of program participants for a period of five years after completion of the program.

(e) Development and maintenance of procedures to encourage MGS program participants to establish practices in areas of Georgia where unmet need exists for General Surgery physicians; and collaboration to maximize state resources, where appropriate, to carry out said activities.

(2) Payment Process. Based on the receipt of documentation verifying payment of expenditures by the Hospital, the Board shall authorize disbursement of MGS program funding.

(a) The Program shall submit appropriate documentation verifying payment of MGS program expenditures, including but not limited to, invoices related to MGS

program expenses and proof of payment of said invoices and salary documentation for Junior Associates and program related staff.

(b) Payment will not be made for any Junior Associate on an unpaid leave of absence.

(3) State Audit. The Hospital and/or MGS Program shall be subject to an audit of the financial records relating to the MGS Program Funding upon request of the Board or other duly authorized officer or employee of the State of Georgia upon reasonable request. For this purpose, the Hospital and/or MGS Program shall:

(a) Maintain for three (3) years after receipt of MGS Funding, all directly pertinent books, documents, papers, and records involving related transactions;

(b) To account for the State funds received through the Mastery in General Surgery Agreement in the next "Certified Independent Auditors Report" or in "Audited Financial Statements" of the Hospital.

(c) Retain sufficient records for the conduct of an audit for any year for which payments are in dispute until such dispute is resolved;

(d) Be subject to reduction in payment of MGS Funding based on the findings of a state audit disallowing any previous such payment; and

(e) Maintain a permanent personnel file on each resident who graduates from the Program which shall include a record of the resident's experience during the training period and evaluations of their performance by faculty and other supervisors.

(4) Retention of Graduates. The practice location of MGS Program graduates will be monitored by the Board for five (5) years from date of graduation. In the event retention of graduates practicing in Georgia should fall below an acceptable number, over any five (5) consecutive year period, the Board shall have the authority to adjust the rate of capitation paid to said Program. The acceptable rate of *retention* will be determined by the Board from time to time and set forth in the Agreement between the Board and the Hospital and/or MGS Program.

Cite as Ga. Comp. R. & Regs. R. 195-24-.02
Authority: O.C.G.A. § 49-10.
History. Original Rule entitled "Mastery in General Surgery Program Funding" adopted. F. Nov. 15, 2018; eff. Dec. 5, 2018.
Repealed: New Rule of the same title adopted. F. Dec. 11, 2019; eff. Dec. 31, 2019.