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**Rules of**  
**Department of Health**  
**Division 10—Office of the Director**  
**Chapter 4—Coordinated Health Care Services**

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**Title 19—DEPARTMENT OF  
HEALTH**

**Division 10—Office of the Director  
Chapter 4—Coordinated Health Care  
Services**

**19 CSR 10-4.010 Primary Care Resource  
Initiative for Missouri (PRIMO) Program**

*PURPOSE: This rule establishes the requirements for developing and implementing a system of coordinated health care services available and accessible to all Missourians. This system is referred to as the Primary Care Resource Initiative for Missouri program.*

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Approved family practice residency program means a graduate medical education program designed to train family or general practice physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;

(B) Approved primary care residency program means a graduate medical education program designed to train family practice, general practice, general pediatric or general internal medicine physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;

(C) Area of defined need means a geographic area or population designated by the Missouri Department of Health as experiencing a shortage of accessible primary and preventive health care providers;

(D) Department means the Missouri Department of Health;

(E) Director means the director of the Missouri Department of Health;

(F) Educational loans means the financial assistance provided by the department for health professional education; or commercial loans made by schools, banks, credit unions, savings and loan associations, insurance companies and other financial institutions for health professional education; or loans made by federal, state, county or city agencies authorized by law to make loans for health professional education;

(G) Eligible resident physician means a physician training in an approved primary care residency program;

(H) Eligible student means a Missouri resident accepted and enrolled in a participating institution in a formal course of instruction leading to a doctor of medicine or a doctor of

osteopathic medicine degree or a bachelor of science or a master of science degree in nursing, or a bachelor of science degree in a field leading to acceptance into a school of medicine or osteopathic medicine;

(I) Participating institution means an institution in this state which grants the degree of doctor of medicine, doctor of osteopathic medicine, bachelor of science degree in nursing, master of science degree in nursing, or a bachelor of science degree in a field leading to acceptance into a school of medicine or osteopathic medicine. A participating institution also includes an institution in this state which offers a graduate medical education program designed to train primary care physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;

(J) Primary health care provider means a generalist physician or a professional specializing in primary and preventive health care in the discipline of nursing, public health or health education;

(K) Qualified employment means employment on a full-time basis in this state providing primary health care services in a public or nonprofit agency, institution or organization located in an area of defined need;

(L) Resident means an individual who has lived in this state for any purpose other than attending an educational institution located within this state for one (1) or more years just before submitting an application for financial assistance from the department;

(M) Rural area means a town or community within this state which is not an urbanized area. An urbanized area is defined as a central city(ies) and its contiguous closely settled territory with a combined population of at least fifty thousand (50,000); and

(N) Stipend means financial assistance provided to an eligible resident physician in return for future service in an area of defined need.

(2) The department—in cooperation with appropriate public and nonprofit agencies, institutions and organizations— shall develop and implement a statewide, integrated primary and preventive health care delivery system including education and recruitment and retention of health care professionals, extending from high school student identification and support systems to placement of professionals in areas of defined need.

(A) The department shall contract with appropriate public and/or nonprofit agencies, institutions and organizations to develop and implement a statewide recruitment, education

and support system for high school students to enter into primary and preventive health care professional education.

1. The system shall assure appropriate and academically sound precollege academic preparation.

2. The system shall provide experiential, hands-on learning opportunities.

3. The system shall emphasize recruitment of minority students and students from areas of defined need or rural areas.

(B) The department shall provide financial assistance to undergraduate students in a course of study leading to a bachelor of science degree in nursing or in a field leading to acceptance into a school of medicine or a school of osteopathic medicine. Based on documented needs assessments utilizing a scientifically strong methodology, all other health professionals will be considered for funding pending resource availability.

1. Eligible students may apply for financial assistance from the Primary Care Resource Initiative for Missouri (PRIMO) program, upon acceptance for admission into a participating institution.

2. Selected full-time students shall receive five thousand dollars (\$5,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

3. Selected part-time students shall receive three thousand dollars (\$3,000) per academic year in forgivable loans, not to exceed six (6) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

4. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.

5. The department may grant a deferral of repayment of principal and interest when deferral is in the best interests of the state and the PRIMO program.

6. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.

7. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives assistance for less than five (5) years, forgiveness shall occur on a year-for-year basis.

8. Forgiveness and cash repayment periods shall begin the first day of the calendar year following the completion of training.

9. Cash repayment periods shall not exceed forty-eight (48) months beginning the first day of the calendar year following the completion of training.

10. Recipients found to be in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

11. Preference for financial assistance shall be given to—

A. Students previously participating in the PRIMO program;

B. Minority students and students from areas of defined need or rural areas;

C. Students with an interest in providing primary health care services in areas of defined need; and

D. Students participating in preadmission programs of a medical/osteopathic school or advanced practice nursing.

(C) The department shall provide financial assistance to students in a graduate course of study leading to a master of science degree in primary care nursing or a doctor of medicine or doctor of osteopathic medicine degree. Based on documented needs assessments utilizing a scientifically strong methodology, all other health professionals will be considered for funding pending resource availability.

1. Eligible students may apply for financial assistance from the PRIMO program upon acceptance for admission into a participating institution.

2. Selected full-time graduate nursing students shall receive five thousand dollars (\$5,000) per academic year in forgivable loans, not to exceed two (2) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

3. Selected part-time graduate nursing students shall receive three thousand dollars (\$3,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

4. Selected graduate nursing students engaged in a clinical experience with a preceptor shall receive an additional five thousand dollars (\$5,000) in return for an obligation to provide primary health care services in an area of defined need.

5. Selected medical and osteopathic students shall receive up to twenty thousand dollars (\$20,000) per academic year in forgiv-

able loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

6. Loans to a medical or osteopathic student shall not exceed the cost of tuition at the participating institution.

7. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.

8. The department may grant a deferral of repayment of principal and interest when the deferral is in the best interests of the state and the PRIMO program.

9. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.

10. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives assistance for less than five (5) years, forgiveness shall occur on a year-for-year basis.

11. Forgiveness and cash repayment periods shall begin the first day of the calendar year following completion of training.

12. Cash repayment periods shall not exceed forty-eight (48) months beginning the first day of the calendar year following completion of training.

13. Recipients found to be in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

14. Preference for financial assistance shall be given to students listed in subparagraphs (2)(B)11.A.–D. of this rule.

(D) The department shall provide stipends to eligible resident physicians.

1. Eligible resident physicians may apply for financial assistance from the PRIMO program upon acceptance for admission into a participating institution.

2. Selected postgraduate year two (PGY II) resident physicians shall receive up to ten thousand dollars (\$10,000) per academic year in forgivable loans in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

3. Selected postgraduate year three (PGY III) resident physicians shall receive up to fifteen thousand dollars (\$15,000) per academic year in forgivable loans in return for an obligation to provide primary health care ser-

vices in an area of defined need upon completion of their training.

4. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.

5. The department shall defer repayment of principal and interest when participants are in an approved primary care residency program that exceeds three (3) years in length.

6. The department may grant a deferral of repayment of principal and interest when the deferral is in the best interests of the state and the PRIMO program.

7. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.

8. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives assistance for less than five (5) years, forgiveness shall occur on a year-for-year basis.

9. Cash repayment periods shall not exceed forty-eight (48) months beginning the first day of the calendar year following completion of training.

10. Forgiveness and cash repayment periods shall begin the first day of the calendar year following completion of training.

11. Recipients in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

12. Preference for financial assistance shall be given to—

A. Resident physicians previously participating in the PRIMO program;

B. Resident physicians from areas of defined need, rural areas and minority resident physicians; and

C. Resident physicians with an interest in providing primary health care services in areas of defined need.

(E) The department shall provide support to approved family practice residency programs to facilitate training of primary health care providers in rural areas and areas of defined need.

1. Funding to approved family practice residency programs shall be allocated on the basis of a point system with greatest funding going to those with the highest number of points—

A. One (1) point for each annual full-time equivalent resident physician training in or providing services in an area of defined need;

B. Five (5) points for each recent graduate of the approved family practice residency program practicing in a rural area; and

C. Ten (10) points for each recent graduate of the approved family practice residency program practicing in an area of defined need.

2. Approved family practice residency programs shall provide information annually to the PRIMO program to facilitate determination of funding levels.

3. Approved family practice residency programs shall provide to the department an annual detailed record of the expenditure of PRIMO funds.

(F) The department shall provide support to participating institutions to facilitate training of primary health care advanced practice nurses in rural areas and areas of defined need.

1. Funding to participating institutions shall be allocated on the basis of a point system with greatest funding going to those with the highest number of points—

A. One (1) point for each annual full-time equivalent nursing student training in an area of defined need;

B. Five (5) points for each primary care advanced practice nurse from a recent graduating class practicing in a rural area; and

C. Ten (10) points for each primary care advanced practice nurse from a recent graduating class practicing in an area of defined need.

2. Participating institutions shall provide information annually to the PRIMO program to facilitate determination of funding levels.

3. Participating institutions shall provide to the department an annual detailed record of the expenditure of PRIMO funds.

(G) The department shall develop a program to facilitate the development of community-based, comprehensive primary health care delivery systems throughout the state.

1. The department shall publish a request annually for proposals from communities seeking support for the development of community-based, comprehensive primary health care delivery systems.

2. Proposals shall be processed and scored by a review committee appointed by the director.

3. Funding levels shall be determined by the extent to which the proposals address the program requirements and the funding available for the program.

4. Project periods shall be for three (3) years with continued funding contingent upon—

A. Availability of state funds;

B. Participant's documented accomplishments and adherence to project activities; and

C. Annual detailed record to the department of the expenditure of PRIMO funds.

(3) PRIMO program participants shall file with the department the following completed forms:

(A) All applicants for financial assistance shall file form MO 580-1968 (10-94);

(B) Applicants approved for financial assistance shall file the contract form MO 580-1966 (10-94); and

(C) Participating institutions shall complete form MO 580-1969 (10-94) or form MO 580-1970 (9-94) to provide program information for future funding of approved family practice residency or primary care advanced practice nursing programs, respectively.

*AUTHORITY: section 191.411.1, RSMo 1994. This rule was previously filed as 19 CSR 50-4.010. Emergency rule filed Nov. 1, 1994, effective Nov. 11, 1994, expired March 10, 1995. Emergency rule filed Feb. 23, 1995, effective March 5, 1995, expired July 2, 1995. Original rule filed Nov. 1, 1994, effective June 30, 1995. Changed to 19 CSR 10-4.010 July 30, 1998.*



ALL INFORMATION IS CONFIDENTIAL AND FOR PROGRAMMATIC PURPOSES ONLY



MISSOURI DEPARTMENT OF HEALTH  
PRIMARY CARE RESOURCE  
INITIATIVE FOR MISSOURI (PRIMO)  
P.O. BOX 570 JEFFERSON CITY, MO 65102  
**APPLICATION FOR PRIMO PROGRAM**

**MUST BE TYPED OR PRINTED**

PAGE 1 OF 2

<b>PROGRAM TYPE</b>				
INDICATE THE PROGRAM YOU ARE ENROLLED IN OR HAVE BEEN ACCEPTED TO				
<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> NURSING (BSN) <input type="checkbox"/> PRE-MED <input type="checkbox"/> GRADUATE NURSING <input type="checkbox"/> MEDICAL/OSTEOPATHIC				
<b>APPLICANT INFORMATION</b>				
(LAST, FIRST, MIDDLE INITIAL)			DATE OF BIRTH	SOCIAL SECURITY NUMBER
STREET		STATE	ZIP CODE	TELEPHONE (   )
CITY		ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HOW LONG?	YEARS	MONTHS
ARE YOU A PREVIOUS RECIPIENT OF ASSISTANCE FROM THE PRIMO OR OTHER DEPARTMENT OF HEALTH LOAN PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT ACADEMIC YEARS?	
<b>ADDITIONAL INFORMATION FOR TRACKING AND REPORTING</b>				
<b>ETHNIC ORIGIN</b>				
<input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN-PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER				
<b>HISPANIC ORIGIN</b>		<b>MARITAL STATUS</b>		<b>NUMBER &amp; AGES OF DEPENDENTS</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		
<b>PARENT/GUARDIAN INFORMATION</b>				
NAME(S)		ADDRESS		
CITY, STATE, ZIP CODE			TELEPHONE (   )	
<b>EDUCATION INFORMATION</b>				
HIGH SCHOOL ATTENDED		ADDRESS		
CITY	STATE	ZIP CODE	GRADUATION DATE	
COLLEGE ATTENDED		ADDRESS		
CITY	STATE	ZIP CODE	DEGREE EARNED	GRADUATION DATE
LAST SCHOOL ATTENDED		ADDRESS		
CITY	STATE	ZIP CODE	DEGREE EARNED	GRADUATION DATE
NAME OF CURRENT EDUCATIONAL INSTITUTION		ADDRESS		
CITY	STATE	ZIP CODE	START DATE	GRADUATION DATE

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**APPLICATION FOR PRIMO PROGRAM**

PAGE 2 OF 2

EMPLOYMENT INFORMATION		
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LENGTH OF EMPLOYMENT/START DATE	DO YOU HAVE A CONTRACT WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE NAME AND ADDRESS OF EMPLOYER		DO YOU PLAN TO REMAIN WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRACTICE PLANS		
INDICATE FUTURE EDUCATION/PRACTICE PLANS (E.G., SPECIALTY, PLACE, TYPE OF PRACTICE, FACILITY, ARRANGEMENTS WITH COMMUNITY, ETC.). USE ADDITIONAL SHEETS IF NECESSARY.		
ENROLLMENT AND TUITION		
This section to be completed by a representative of the school.		
NAME OF INSTITUTION	ADDRESS OF INSTITUTION	
TELEPHONE NUMBER OF INSTITUTION (     )	NAME AND TITLE OF CONTACT PERSON	
ACADEMIC YEAR APPLIED FOR	TUITION FOR THIS PROGRAM \$	
STUDENT'S CURRENT YEAR IN THE PROGRAM	PROGRAM START DATE	
I CERTIFY THAT THE APPLICANT IS ENROLLED AND IN GOOD STANDING OR HAS BEEN ACCEPTED FOR ENROLLMENT. UPON REQUEST, COPIES OF THE APPLICANT'S FINANCIAL STATEMENT, APPLICATIONS FOR FINANCIAL AID AND ANY OTHER INFORMATION DEEMED NECESSARY WILL BE PROVIDED TO THE MISSOURI DEPARTMENT OF HEALTH.		
SIGNATURE OF SCHOOL REPRESENTATIVE	TITLE	DATE
FOR THE APPLICANT		
I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT, TO THE BEST OF MY KNOWLEDGE, AND THAT ALL FUNDS WILL BE USED FOR ACADEMIC PURPOSES IN THIS ACADEMIC YEAR. I UNDERSTAND THAT I AM MAKING A COMMITMENT TO PROVIDE, UPON COMPLETION OF MY PROFESSIONAL TRAINING, PRIMARY CARE SERVICES IN AN AREA OF DEFINED NEED IN MISSOURI, IF I AM AWARDED AND ACCEPT ASSISTANCE FROM THE PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI PROGRAM. I HEREBY AUTHORIZE THE RELEASE OF ALL FINANCIAL AID INFORMATION AND ANY OTHER INFORMATION DEEMED NECESSARY TO THE DEPARTMENT OF HEALTH, BY PAST, CURRENT OR FUTURE EDUCATIONAL INSTITUTIONS.		
SIGNATURE OF APPLICANT	TITLE	DATE
NOTARY		DATE



PLEASE TYPE OR PRINT



MISSOURI DEPARTMENT OF HEALTH  
PRIMARY CARE RESOURCE  
INITIATIVE FOR MISSOURI (PRIMO)  
P.O. BOX 570 JEFFERSON CITY, MO 65102

**ADVANCED PRACTICE NURSE TRAINING PROGRAM QUESTIONNAIRE**

PROGRAM INFORMATION		
PROGRAM AND INSTITUTION NAME		
STREET ADDRESS		
CITY, STATE, ZIP CODE		TELEPHONE (     )
CONTACT NAME	TITLE	DATE

THE INFORMATION PROVIDED ON THIS FORM WILL BE USED TO DETERMINE THE PROPORTION OF PRIMO PROGRAM FUNDS USED TO SUPPORT THE PROGRAM LISTED ABOVE. PLEASE COMPLETE THE REQUESTED INFORMATION BASED UPON THE PRECEDING ACADEMIC YEAR UNLESS OTHERWISE INDICATED. IF YOU HAVE ANY QUESTIONS REGARDING THE PROGRAM OR PROCESS, PLEASE CONTACT THE PRIMO PROGRAM AT THE ADDRESS LISTED ABOVE, OR CALL (314) 751-6219.

STUDENT INFORMATION		
	NUMBER OF APPROVED POSITIONS	NUMBER OF FILLED POSITIONS
FIRST YEAR STUDENTS		
SECOND YEAR STUDENTS		

	NUMBER
NUMBER OF CLINICAL TRAINING SITES LOCATED IN MEDICALLY UNDERSERVED AREAS.	
AVERAGE NUMBER OF HOURS PER WEEK STUDENTS PROVIDED SERVICES IN CLINICAL TRAINING SITES IN MEDICALLY UNDERSERVED AREAS.	

**GRADUATE INFORMATION**

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING PROGRAM GRADUATES. FOR PURPOSES OF THIS PROGRAM, GRADUATES FROM THE LAST THREE (3) PROGRAM YEARS WILL BE CONSIDERED RECENT GRADUATES.

	NUMBER
NUMBER OF RECENT GRADUATES PRACTICING IN RURAL (NON-URBANIZED) AREAS IN MISSOURI.	
NUMBER OF RECENT GRADUATES PRACTICING IN HEALTH PROFESSIONAL SHORTAGE AREAS IN MISSOURI.	

INSTITUTION REPRESENTATIVE SIGNATURE	
SIGNATURE	DATE



PLEASE TYPE OR PRINT



MISSOURI DEPARTMENT OF HEALTH  
 PRIMARY CARE RESOURCE  
 INITIATIVE FOR MISSOURI (PRIMO)  
 P.O. BOX 570 JEFFERSON CITY, MO 65102  
**FAMILY PRACTICE RESIDENCY PROGRAM QUESTIONNAIRE**

PROGRAM INFORMATION		
PROGRAM AND INSTITUTION NAME		
STREET ADDRESS		
CITY, STATE, ZIP CODE		TELEPHONE (     )
CONTACT NAME	TITLE	DATE

THE INFORMATION PROVIDED ON THIS FORM WILL BE USED TO DETERMINE THE PROPORTION OF PRIMO PROGRAM FUNDS USED TO SUPPORT THE PROGRAM LISTED ABOVE. PLEASE COMPLETE THE REQUESTED INFORMATION BASED UPON THE PRECEDING ACADEMIC YEAR UNLESS OTHERWISE INDICATED. IF YOU HAVE ANY QUESTIONS REGARDING THE PROGRAM OR PROCESS, PLEASE CONTACT THE PRIMO PROGRAM AT THE ADDRESS LISTED ABOVE, OR CALL (314) 751-6219.

RESIDENT INFORMATION		
	NUMBER OF APPROVED POSITIONS	NUMBER OF FILLED POSITIONS
FIRST YEAR RESIDENTS		
SECOND YEAR RESIDENTS		
THIRD YEAR RESIDENTS		

NUMBER OF CLINICAL TRAINING SITES LOCATED IN AREAS OF DEFINED NEED.	NUMBER
AVERAGE NUMBER OF HOURS PER WEEK RESIDENT PHYSICIANS PROVIDED SERVICES IN CLINICAL TRAINING SITES IN AREAS OF DEFINED NEED.	NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING PROGRAM GRADUATES. FOR PURPOSES OF THIS PROGRAM, GRADUATES FROM THE LAST THREE (3) CALENDAR YEARS WILL BE CONSIDERED RECENT GRADUATES.

NUMBER OF RECENT GRADUATES PRACTICING IN RURAL (NON-URBANIZED) AREAS IN MISSOURI.	NUMBER
NUMBER OF RECENT GRADUATES PRACTICING IN HEALTH PROFESSIONAL SHORTAGE AREAS IN MISSOURI.	NUMBER

INSTITUTION REPRESENTATIVE SIGNATURE	
SIGNATURE	DATE





MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF PRIMARY CARE  
PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI (PRIMO)  
P.O. BOX 570 JEFFERSON CITY, MO 65102  
**PRIMO CONTRACT**

**MUST BE TYPED OR PRINTED**

<b>BORROWER'S NAME</b> (LAST, FIRST, MIDDLE INITIAL)		
<b>ADDRESS</b> STREET		
CITY	STATE	ZIP CODE
BIRTHDATE	SOCIAL SECURITY NUMBER	APPLYING FOR ACADEMIC YEAR
<b>LENDING INSTITUTION</b> The Missouri Department of Health:		
<b>TERMS</b> I agree to pay the State of Missouri, or its authorized agent, the principal sum of _____ dollars (\$ _____), plus interest, in United States currency, upon maturity of this note.		
<b>INTEREST</b> I hereby agree to pay simple interest on the unpaid loan principal at a rate of nine and one-half (9.5) percent per annum from the issue date of the state check until the principal and accumulated interest are paid.		
<b>MATURITY</b> This note will mature when the borrower ceases to be an eligible student at a participating school or when the borrower ceases his/her training as a primary care resident.		
<b>FORGIVENESS</b> Participants receiving assistance from PRIMO agree to earn forgiveness by engaging in full-time qualifying employment in an area of defined need in Missouri. Forgiveness will begin six (6) months after completion of the participant's education or primary care training. Participants receiving PRIMO assistance for four (4) years or less will repay in the form of forgiveness on a year-for-year basis. Participants receiving PRIMO assistance for more than four (4) years will repay through the reduction of their principal and interest at the rate of twenty (20) percent for each year of forgiveness earned.		
<b>ADDITIONAL AGREEMENTS</b> The borrower fully understands and agrees to the following: <ol style="list-style-type: none"> <li>The borrower will use the proceeds of this loan for educational and related expenses.</li> <li>The borrower will send written notice to the Missouri Department of Health within thirty (30) days of any change in enrollment status, residency plans, practice location, type of practice, name or address.</li> <li>The borrower is making a commitment to provide primary care services, upon completion of his/her education or primary care training, in an area of defined need or Health Professional Shortage Area (HPSA) as determined by the Missouri Department of Health.</li> <li>If the borrower's eligibility status changes (no longer a qualifying student or student in good standing) and the borrower is not providing primary care services in a qualifying area, repayment of the loan principal and interest will begin within ninety (90) days of the date the borrower ceases to be in qualifying eligibility status. Payment in full will be complete no more than forty-eight (48) months from that date.</li> </ol>		

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**PRIMO PROGRAM**

- ADDITIONAL AGREEMENTS. CONT**
5. If in a professional education program, the borrower will submit to the Missouri Department of Health proof of his/her enrollment, program eligibility and academic standing within thirty (30) days of the Department's request and within thirty (30) days of the end of each semester or summer session.
  6. Upon completion of the educational program and becoming licensed, should the borrower at any time choose not to provide primary care services in a defined area of need or a Health Professional Shortage Area, repayment of the loan principal and interest become due and owing immediately, and, under a jointly agreed to repayment program, must be repaid within four (4) years of the breach.
  7. If the borrower violates any of the provisions of this loan contract or promissory note, including notifying the Missouri Department of Health of changes of address, the Missouri Department of Health may call the note due immediately.
  8. When necessary to protect the interest of the state in any loan transaction under the PRIMO Program, the Missouri Department of Health may institute any action to recover any amount owed.

**REMEDIES**  
 The Department retains all administrative, civil and criminal remedies for breach of this contract by the participant.

**MODIFICATION/EXTENSION**  
 This contract may not be amended or modified without prior written agreement of the parties.

**EXECUTION**  
 The parties signed this contract on the dates indicated below.

FOR THE PARTICIPANT		FOR THE DEPARTMENT OF HEALTH	
SIGNATURE		AUTHORIZED SIGNATURE	
TITLE		TITLE	
DATE		DATE	
NOTARY		WITNESS	
DATE		DATE	

**REMINDER: All contracts must be completed and signed.**

**FOR OFFICE USE ONLY**


**19 CSR 10-4.020 J-1 Visa Waiver Program**

*PURPOSE: This rule establishes the requirements for implementing recent changes to section 212(e) of the Immigration and Nationality Act made by section 220 of the Immigration and Nationality Technical Corrections Act of 1994, P.L. No. 103-416, 108 Stat. 4319-20 that allows state departments of public health to request a waiver of the two-year home presence requirement of foreign medical graduates who are in the United States in J-1 visa status to serve in federally designated health professional shortage areas.*

*PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.*

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Department means the Missouri Department of Health;

(B) Director means the director of the Missouri Department of Health; and

(C) Health professional shortage area (HPSA) means those counties or parts of counties designated by the United States Department of Health and Human Services as having a shortage of primary care physicians as published in the *Code of Federal Regulations*.

(2) The department is committed to assisting all residents of Missouri to have access to quality, affordable health care. Therefore, under certain conditions, the department is prepared to consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas.

(A) A waiver request must come from a Missouri health care facility on behalf of a J-1 physician and not directly from a J-1 physician. All of the required information and documentation must be submitted in a single package with the documents presented in the order in paragraphs (2)(A)1.-14. Waiver requests that do not comply with these requirements will not be considered. The required documents include:

1. A letter from the head of the facility at which the physician will be employed that—

A. Requests that the department act as an interested government agency and recommend a waiver for the J-1 physician;

B. Summarizes how the health care facility has attempted to locate qualified United States physicians;

C. Describes the physician's qualifications, proposed responsibilities and how his/her employment will satisfy important unmet health care needs of a medically underserved rural community; and

D. States unequivocally that the facility is offering the physician at least three (3) years of employment in a job consistent with the department's mission;

2. A detailed description of the health care facility will be provided, including the nature and extent of the facility's medical services;

3. Valid contract of employment with the health care organization for not less than three (3) years;

4. List of HPSAs or documentation from state and local health care officials stating need for services of the physician;

5. Recruitment and retention efforts including copies of advertisements, agreements with placements services or other like documentation, and if these are not available, a detailed statement describing recruitment efforts. A statement should be submitted detailing the plans for retaining the physician during and beyond the three (3)-year obligation;

6. Effect on area of waiver denial;

7. Qualifications, including proof of Missouri medical licensure eligibility;

8. Physician's curriculum vitae and letters of recommendation;

9. Copies of all IAP-66s of physician, copies of I-94s of physician and family members, and proof of passage of examinations required by the United States Immigration and Naturalization Service;

10. Completed physician data sheet (attached as Appendix A);

11. Completed J-1 visa waiver policy affidavit and agreement (attached as Appendix B);

12. Valid offer of employment with health care organization for at least three (3) years;

13. A copy of the notice from the department that the facility has been pre-determined eligible for participation in the program; and

14. An original and one (1) unbound copy of the entire package should be included.

(3) Missouri health care facilities seeking to employ a foreign medical graduate holding a J-1 visa must be pre-determined by the department as eligible for participation in the J-1 Visa Waiver Program.

(A) Eligible applicants will provide the department the following information and assurances:

1. Estimated enumeration of the patient population to be served.

2. Description of demographic characteristics of the population(s) to be served, including age groups, ethnicity, poverty status, health status and insurance coverage.

3. A copy of the sliding fee scale and the applicable policy utilized by the facility.

(B) Eligible applicants may request a packet of materials and instructions detailing the information and documentation that is required in order to submit an appropriate case file for review from the department.

(4) Each case file received by the center will be reviewed for completeness and forwarded for approval to the director or his/her designee. Upon approval, the department will request the appropriate federal authorities for a waiver of the residence requirement.

(5) The department's J-1 Visa Waiver Program in Missouri will give priority to those physicians who are board-eligible or board-certified in one (1) of the following specialties: Family Practice, General Practice, General Pediatrics, Obstetrics/Gynecology, General Internal Medicine or Psychiatry and providing services in a primary care clinical setting. Physicians with other subspecialties or fellowship experience are not considered to be primary care physicians for the purpose of the J-1 Visa Waiver Program in Missouri. The credentials of the J-1 physician must be confirmed by the Missouri Board of Healing Arts. The physician must be eligible for licensure in Missouri.

(A) The department may determine emergency rooms to be primary care clinical settings where substantial amounts of primary care services are delivered in that setting. In order to qualify for participation, the sponsoring facility must provide the following:

1. The number and types of primary care encounters in the emergency room.

2. The demographic characteristics of the populations accessing primary care services in the emergency room.

3. The payor source for primary care services in the emergency room.

4. Documentation that primary care services for the identified population(s) are not available in the community.

(6) In addition to the eligible physicians set forth in section (5), waivers may be recommended for other specialties and subspecialties.

(A) Physicians trained in other specialties may be considered for placement in the J-1 Visa Program in Missouri based on the following criteria:

1. Vacant slots in the program must be available; and

2. The employer must demonstrate that the specialist services are essential to the medical needs of the underserved; and

3. The specialty physician's application must have the concurrence in writing of the primary care physicians practicing in the community that the specialty is needed in the area; and

4. The specialty physician's application must comply with all other requirements of the J-1 Visa Program.

(B) Only four (4) slots will be allocated to specialty placement in any given program year.

(7) It is the responsibility of the physician and the employer to meet Missouri's licensing and credentialing requirements as delineated by the Missouri Board of Healing Arts.

(8) A request for a J-1 visa waiver for a physician to enter private practice shall comply with the following:

(A) The practice must be located in a HPSA;

(B) The owner of the practice must be the employer for the J-1 physician and must submit a letter of support for the J-1 visa waiver request;

(C) The practice employer must—

1. Certify that it will provide health care services to all patients, including Medicare and Medicaid patients, without regard to ability to pay or the source of payment and must include a sliding fee scale for adjusting patient bills for those who are unable to pay; and

2. Conspicuously post the sliding fee scale in the practice site, in the language(s) of patients receiving services; and

3. Provide the department two (2) reports each calendar year detailing the following:

A. The number of patients covered by sliding fee scale services;

B. The number of Medicaid patients served;

C. The number of Medicare patients served;

D. The total number of patients served;

E. The demographic characteristics of patients served, including data on age, gender, and ethnicity; and

F. Evaluation of services provided and community need; and

(D) All other J-1 visa waiver requirements remain in effect.

(9) A physician must work at the facility for a minimum of three (3) years. If the physician fails to fulfill the terms of the contract with the facility, the facility must notify the department. This information will be forwarded to Immigration and Naturalization Services and other agencies as necessary.

(10) A physician who is practicing under a J-1 visa in another state who wishes to practice in a HPSA in Missouri and obtain a J-1 visa waiver may do so only under the following conditions:

(A) The physician must complete the J-1 visa waiver application process in Missouri and obtain a Missouri medical license prior to commencing practice;

(B) The physician should make no plans for the transfer or to move personal possessions until the department has approved the request. The physician retains sole responsibility for notifying the employer of the intent to transfer, and payment of any financial penalty caused by a breach of contract, as determined by the employer; and

(C) All other J-1 visa waiver requirements remain in effect.

(11) A physician with a J-1 visa waiver who is practicing in Missouri who wishes to transfer to another HPSA in Missouri may do so under the following conditions:

(A) At least sixty (60) days in advance of the proposed change, the physician must notify the department of the new practice site address, telephone number, site director and the effective date of the proposed change;

(B) The reason for the transfer must be explained in the written notice;

(C) A new J-1 visa waiver employer contract must be submitted to the department prior to approval of the transfer; and

(D) The physician should make no plans for the transfer or moving of personal possessions until the department has issued written approval of the transfer. The physician retains sole responsibility for notifying the employer of the intent to transfer and payment of any financial penalty caused by a breach of contract, as determined by the original employer.

(12) The department is not responsible for exceptions to or interpretations of these policies which have occurred without the written

approval of the director of the department or his/her designee. Applicants should be aware that hospitals or physician recruiters are not expert in the requirements of each state, and should contact the department with any questions.

(13) The department is not responsible for any practice arrangements or contractual obligations entered into by the physician prior to approval of a J-1 visa waiver request.

(14) In order to assist and facilitate the placement of primary care practitioners in designated HPSAs in Missouri, the department will provide, upon request, the following information:

(A) List of designated HPSAs in Missouri;

(B) List of hospitals located in HPSAs;

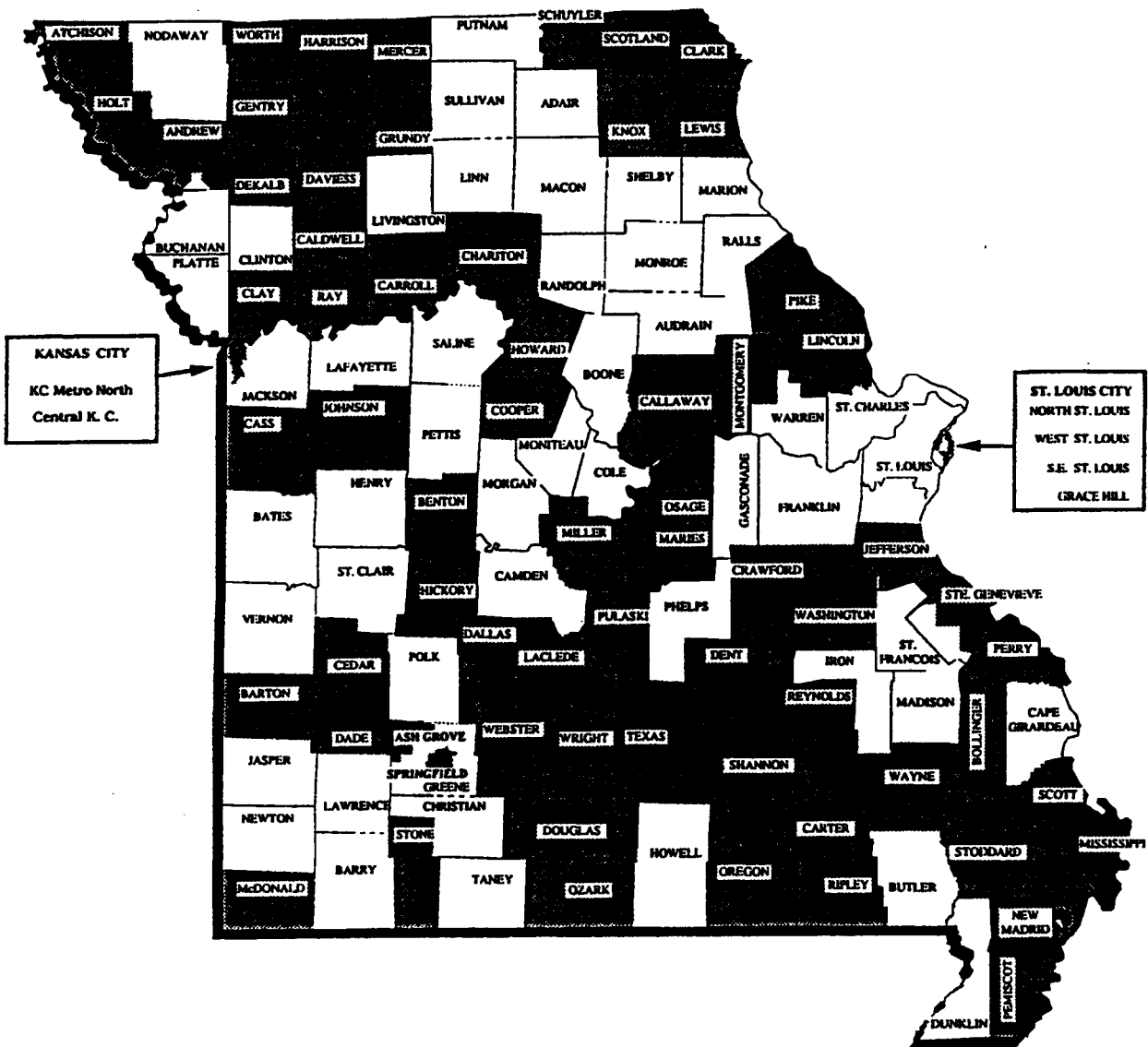
(C) List of community health centers in HPSAs in Missouri; and

(D) Procedure to request a J-1 visa waiver.

*AUTHORITY: section 191.411.1, RSMo 1994. \* This rule was previously filed as 19 CSR 50-4.020. Emergency rule filed April 17, 1995, effective April 27, 1995, expired Aug. 24, 1995. Original rule filed April 17, 1995, effective Oct. 30, 1995. Changed to 19 CSR 10-4.020 July 30, 1998. Emergency amendment filed Sept. 19, 2000, effective Sept. 29, 2000, expired March 27, 2001. Amended: Filed Sept. 19, 2000, effective Feb. 28, 2001.*

*\*Original authority: 191.411, RSMo 1993.*

APPENDIX A  
PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS  
FROM THE JANUARY 21, 1994 FEDERAL REGISTER  
AND SUBSEQUENT ADDITIONS



APPENDIX B  
**LICENSED HOSPITALS IN COUNTIES DESIGNATED AS  
 PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS**

FAIRFAX COMMUNITY HOSPITAL HIGHWAY 59 FAIRFAX MO 64446 ATCHISON COUNTY	NORTH KANSAS CITY HOSPITAL 2800 CLAY EDWARDS DR N KANSAS CITY MO 64116 CLAY COUNTY
BARTON COUNTY MEMORIAL HOSP SECOND AND GULF ST LAMAR MO 64759 BARTON COUNTY	SPELMAN MEMORIAL HOSPITAL 601 S 169 HIGHWAY SMITHVILLE MO 64089 CLAY COUNTY
CALLAWAY COMMUNITY HOSPITAL 10 S HOSPITAL DR FULTON MO 65251 CALLAWAY COUNTY	COOPER CO MEM HOSPITAL RR 1, HIGHWAY B BOONVILLE MO 65233 COOPER COUNTY
FULTON STATE HOSPITAL 600 E FIFTH ST FULTON MO 65251 CALLAWAY COUNTY	MISSOURI BAPTIST HOSP OF SULLIVAN 751 SAPPINGSTON BRDG SULLIVAN MO 63080 CRAWFORD COUNTY
CARROLL CO MEMORIAL HOSPITAL 1502 N JEFFERSON CARROLLTON MO 64633 CARROLL COUNTY	SALEM MEMORIAL DISTRICT HOSPITAL PO BOX 774, HWY 72 N SALEM MO 65560 DENT COUNTY
CASS MEDICAL CENTER 1800 E MECHANIC HARRISONVILLE MO 64701 CASS COUNTY	GENTRY CO MEMORIAL HOSPITAL COLLEGE AND CLARK ALBANY MO 64402 GENTRY COUNTY
RESEARCH BELTON HOSPITAL 17065 S 71 HIGHWAY BELTON MO 64012 CASS COUNTY	LAKELAND REGIONAL HOSPITAL 440 SOUTH MARKET SPRINGFIELD MO 65806 GREENE COUNTY
CEDAR CO MEMORIAL HOSPITAL 1401 S PARK ST EL DORADO SPNGS MO 64744 CEDAR COUNTY	LESTER E COX MEDICAL CTR NORTH 1423 N JEFFERSON ST SPRINGFIELD MO 65802 GREENE COUNTY
EXCELSIOR SPRINGS MEDICAL CTR 1700 RAINBOW BLVD EXCELSIOR SPNGS MO 64024 CLAY COUNTY	LESTER E COX MEDICAL CTR SOUTH 3801 S NATIONAL AVE SPRINGFIELD MO 65807 GREENE COUNTY
LIBERTY HOSPITAL 2525 GLENN HENDREN LIBERTY MO 64068 CLAY COUNTY	SPRINGFIELD COMMUNITY HOSPITAL 3535 SOUTH NATIONAL SPRINGFIELD MO 65807 GREENE COUNTY
MERCY HOSPITAL HWY 5 & 60, BOX 528 MANSFIELD MO 65704 WRIGHT COUNTY	

LICENSED HOSPITALS IN COUNTIES DESIGNATED AS  
PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS

DOCTORS HOSPITAL OF SPRINGFIELD 2828 N NATIONAL SPRINGFIELD MO 65801 GREENE COUNTY	LEES SUMMIT HOSPITAL 530 N MURRAY RD LEE'S SUMMIT MO 64801 JACKSON COUNTY
ST JOHNS REGIONAL HEALTH CTR 2727 McCLELLAND BLVD JOPLIN MO 64804 GREENE COUNTY	MEDICAL CENTER OF INDEPENDENCE 17203 E 23RD ST INDEPENDENCE MO 64057 JACKSON COUNTY
WRIGHT MEMORIAL HOSPITAL 701 EAST FIRST TRENTON MO 64683 GRUNDY COUNTY	MENORAH MEDICAL CENTER 4949 ROCKHILL RD KANSAS CITY MO 64110 JACKSON COUNTY
HARRISON CO COMMUNITY HOSPITAL POB 428, HWY 69, 136 BETHANY MO 64424 HARRISON COUNTY	PARK LANE MEDICAL CENTER 5151 RAYTOWN RD KANSAS CITY MO 64133 JACKSON COUNTY
KELLER MEMORIAL HOSPITAL 600 W MORRISON FAYETTE MO 65248 HOWARD COUNTY	REHABILITATION INSTITUTE 3011 BALTIMORE AVE KANSAS CITY MO 64108 JACKSON COUNTY
BAPTIST MEDICAL CENTER 6601 ROCKHILL RD KANSAS CITY MO 64131 JACKSON COUNTY	RESEARCH MEDICAL CENTER 2316 E MEYER BLVD KANSAS CITY MO 64132 JACKSON COUNTY
CHILDRENS MERCY HOSPITAL 24TH AT GILLHAM RD KANSAS CITY MO 64108 JACKSON COUNTY	RESEARCH PSYCHIATRIC CENTER 2323 E 63RD ST KANSAS CITY MO 64130 JACKSON COUNTY
CRITTENTON CENTER 10918 ELM KANSAS CITY MO 64134 JACKSON COUNTY	ST JOSEPH HLTH CTR OF KANSAS CITY 1000 CARONDELET DR KANSAS CITY MO 64114 JACKSON COUNTY
INDEPENDENCE REGIONAL HEALTH CTR 1509 W TRUMAN RD INDEPENDENCE MO 64050 JACKSON COUNTY	ST LUKES HOSPITAL OF KC WORNALL RD AT 44TH KANSAS CITY MO 64111 JACKSON COUNTY
LAKESIDE HOSPITAL 8701 TROOST AVE KANSAS CITY MO 64131 JACKSON COUNTY	ST MARYS HOSP OF BLUE SPRINGS 201 WEST RD MIZE RD BLUE SPRINGS MO 64015 JACKSON COUNTY

**LICENSED HOSPITALS IN COUNTIES DESIGNATED AS  
PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS**

TRINITY LUTHERAN HOSPITAL 3030 BALTIMORE KANSAS CITY MO 64108 JACKSON COUNTY	BREECH MEDICAL CENTER 325 HARWOOD AVE LEBANON MO 65536 LACLEDE COUNTY
TRINITY LUTHERAN NORTH 2800 MAIN ST KANSAS CITY MO 64108 JACKSON COUNTY	LINCOLN CO MEM HOSPITAL 1000 E CHERRY TROY MO 63379 LINCOLN COUNTY
TRUMAN MEDICAL CENTER 2301 HOLMES ST KANSAS CITY MO 64108 JACKSON COUNTY	PEMISCOT MEMORIAL HEALTH SYSTEMS PO BOX 489 HAYTI MO 63851 PEMISCOT COUNTY
TRUMAN MEDICAL CTR-EAST 7900 LEE'S SUMMIT RD KANSAS CITY MO 64139 JACKSON COUNTY	PERRY CO MEMORIAL HOSP 434 N WEST ST PERRYVILLE MO 63775 PERRY COUNTY
TWO RIVERS PSYCHIATRIC HOSPITAL 5121 RAYTOWN RD KANSAS CITY MO 64133 JACKSON COUNTY	PIKE CO MEMORIAL HOSP 2305 W GEORGIA ST LOUISIANA MO 63353 PIKE COUNTY
VETERANS ADM HOSPITAL 4801 LINWOOD BLVD KANSAS CITY MO 64128 JACKSON COUNTY	US GENERAL WOOD ARMY HOSPITAL FT LEONARD WOOD MO PULASKI COUNTY
WESTERN MO MENTAL HLTH CTR 600 E 22ND ST KANSAS CITY MO 64108 JACKSON COUNTY	RAY CO MEMORIAL HOSPITAL 904 WOLLARD BLVD RICHMOND MO 65085 RAY COUNTY
JEFFERSON MEMORIAL HOSPITAL PO BOX 350 CRYSTAL CITY MO 63019 JEFFERSON COUNTY	REYNOLDS CO GENERAL MEM HOSP HWY 21 S, PO BOX 520 ELLINGTON MO 63638 REYNOLDS COUNTY
USAF 351ST STRATEGIC HOSPITAL WHITEMAN AFB WHITEMAN AFB MO JOHNSON COUNTY	RIPLEY CO MEMORIAL HOSP GRAND & PLUM ST DONIPHAN MO 63935 RIPLEY COUNTY
WESTERN MO MEDICAL CTR 403 BURKARTH RD WARRENSBURG MO 64093 JOHNSON COUNTY	SCOTLAND CO MEM HOSPITAL RR 1 BOX 53 MEMPHIS MO 63555 SCOTLAND COUNTY



LICENSED HOSPITALS IN COUNTIES DESIGNATED AS  
PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS

MISSOURI DELTA MED CTR 1008 N MAIN ST SIKESTON MO 63801 SCOTT COUNTY	LUTHERAN MEDICAL CTR 2639 MIAMI ST LOUIS MO 63118 ST LOUIS CITY COUNTY
ALEXIAN BROTHERS HOSPITAL 3933 S BROADWAY ST LOUIS MO 63118 ST LOUIS CITY COUNTY	MALCOLM BLISS MENTAL HEALTH CTR  ST LOUIS CITY COUNTY
BARNES HOSPITAL ONE HOSPITAL PLAZA ST LOUIS MO 63110 ST LOUIS CITY COUNTY	ST LOUIS CHILDRENS HOSPITAL 400 S KINGSHIGHWAY ST LOUIS MO 63110 ST LOUIS CITY COUNTY
BETHESDA GENERAL HOSPITAL 3655 VISTA AVE ST LOUIS MO 63110 ST LOUIS CITY COUNTY	ST LOUIS REGIONAL MED CTR 5535 DELMAR BLVD ST LOUIS MO 63113 ST LOUIS CITY COUNTY
CARDINAL GLENNON CHILDRENS HOSPITAL 1465 S GRAND BLVD ST LOUIS MO 63104 ST LOUIS CITY COUNTY	ST LOUIS STATE HOSPITAL 5400 ARSENAL ST ST LOUIS MO 63139 ST LOUIS CITY COUNTY
CENTRAL MEDICAL CENTER 4411 N NEWSTEAD ST LOUIS MO 63115 ST LOUIS CITY COUNTY	ST LOUIS UNIVERSITY HOSPITAL 3635 VISTA ST LOUIS MO 63110 ST LOUIS CITY COUNTY
DEACONESS HOSPITAL 12303 DePAUL DR BRIDGETON MO 63044 ST LOUIS CITY COUNTY	STE GENEVIEVE CO MEM HOSP HWY 61 & 32, POB 468 STE GENEVIEVE MO 63670 STE GENEVIEVE COUNTY
HAWTHORNE CHILDREN'S PSYCH HOSP 1901 PENNSYLVANIA ST LOUIS MO 63133 ST LOUIS CITY COUNTY	DEXTER MEMORIAL HOSPITAL 1200 N ONE MILE RD DEXTER MO 63841 STODDARD COUNTY
INCARNATE WORD HOSPITAL 3545 LAFAYETTE ST LOUIS MO 63104 ST LOUIS CITY COUNTY	TEXAS CO MEMORIAL HOSPITAL 1333 SAM HOUSTON BLV HOUSTON MO 65483 TEXAS COUNTY
JEWISH HOSP OF ST LOUIS 216 S KINGSHIGHWAY ST LOUIS MO 63110 ST LOUIS CITY COUNTY	WASHINGTON CO MEM HOSP 300 HEALTH WAY POTOSI MO 63664 WASHINGTON COUNTY

**Appendix C**  
**Community Health Centers in**  
**Health Professional Shortage Areas in Missouri**

**Big Springs Medical Association, Inc.**  
 P.O. Box 157  
 Ellington, Missouri 63638  
 314/663-2313  
 Service Area: Carter, Oregon, Reynolds and  
 Shannon counties

**New Madrid County Group Practice, Inc.**  
 P.O. Box 400  
 New Madrid, Missouri 63869  
 314/748-2592  
 Service Area: Dunklin, Mississippi, New  
 Madrid, Pemiscot, Scott and  
 Stoddard counties

**Caldwell County Medical Aid Corp.**  
 P.O. Box 248  
 Hamilton, Missouri 64644  
 816/583-2713  
 Service Area: Caldwell, Daviess, Livingston  
 and Ray counties

**Richland Medical Center, Inc.**  
 P.O. Box 777  
 Richland, Missouri 65556  
 314/765-5131  
 Service Area: Camden, Laclede, Miller and  
 Pulaski counties

**Model Cities Health Corp.**  
 4900 Swope Parkway  
 Kansas City, Missouri 64130  
 816/923-5800  
 Service Area: Inner Kansas City

**Family Care Center of Carondelet**  
 6313 Michigan Avenue  
 St. Louis, Missouri 63111  
 314/353-5190  
 Service Area: South St. Louis

**Samuel U. Rodgers Com. Health Center**  
 825 Euclid  
 Kansas City, Missouri 64124  
 816/474-4920  
 Service Area: Kansas City

**Neighborhood Health Center, Inc.**  
 2600 Hadley St.  
 St. Louis, Missouri 63106  
 314/241-2200  
 Service Area: St. Louis

**Northeast Missouri Health Council, Inc.**  
 800 W. Jefferson  
 Kirksville, Missouri 63501  
 816/626-2626  
 Service Area: Clark, Knox and Scotland  
 counties

**People's Health Centers, Inc.**  
 5701 Delmar Blvd.  
 St. Louis, Missouri 63112  
 314/367-7848  
 Service Area: St. Louis

**Northwest Health Services, Inc.**  
 502 State St.  
 Mound City, Missouri 64470  
 816/442-5419  
 Service Area: Holt and West Nodaway counties

**St. Louis Comp. Health Center, Inc.**  
 5471 Dr. Martin Luther King Dr.  
 St. Louis, Missouri 63112  
 314/367-5820  
 Service Area: St. Louis

**Cabot Westside Clinic**  
 1810 Summit Street  
 Kansas City, Missouri 64108-2174  
 816/471-0900  
 Service Area: Kansas City/Hispanic Community



APPENDIX D

**J-1 VISA WAIVER POLICY AFFIDAVIT AND AGREEMENT**

I, \_\_\_\_\_, being duly sworn, hereby request the Missouri Department of Health to review my application for the purpose of recommending waiver of the foreign residency requirement set forth in my J-1 visa, pursuant to the terms and conditions as follows:

I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the State of Missouri, the Department of Health, any and all State of Missouri employees, agents and assigns from any action or lack of action made in connection with this request.

I further understand and acknowledge that the entire basis for the consideration of my request is the Department of Health's voluntary policy and desire to improve the availability of primary medical care in medically underserved regions.

I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary medical services to patients, including the indigent for a minimum of forty (40) hours per week within a U.S. Public Health Services designated health professional shortage area. Such service shall commence not later than ninety (90) days after I receive notification of approval by both the U.S. Immigration and Naturalization Service (INS) and the U.S. Department of Labor and shall continue for a period of at least three (3) years.

I agree to incorporate all the terms of this J-1 Visa Waiver Affidavit and Agreement to any and all employment agreements I enter pursuant to paragraph 3 and to include in each such agreement a liquidated damages clause, payable to the employer. This damages clause shall be activated by my termination of employment, initiated by me for any reason, only if my termination occurs before fulfilling the minimum three-year service agreement.

I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision which modifies or amends any of these terms of this J-1 Visa Waiver Affidavit and Agreement.

I understand and agree that my primary medical care services rendered pursuant to paragraph 3 shall be in a Medicare and Medicaid certified facility which has an open, non-discriminatory admissions policy and that will accept medically indigent patients.

I have read and fully understand the "Program Guidelines," a copy of which is attached hereto and is specifically incorporated by reference.

I expressly understand that this waiver of my foreign service requirement must ultimately be approved by the INS, and I agree to provide written notification of the specific location and nature of my practice to the Department of Health at the time I commence rendering services on a semi-annual basis thereafter.

I understand and acknowledge that if I willfully fail to comply with the terms of this J-1 Visa Affidavit and Agreement, the Department of Health will notify INS. Additionally, any and all other measures available to the Department of Health will be taken in the event of non-compliance.

I declare under the penalties of perjury that the foregoing is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_.

\_\_\_\_\_  
Notary Public

## J-1 VISA WAIVER INFORMATION SHEET FOR FOREIGN PHYSICIANS

Federal laws require that foreign physicians seeking to pursue graduate medical education or training in the U.S. must obtain a J-1 exchange visitor visa. The J-1 visa allows physicians to remain in the U.S. until their studies are completed. However, upon completion of their studies, the physicians must return to their home country for at least two years before they will be able to return to the U.S.

Physicians who are subject to, but do not wish to comply with, the two-year home country residence requirement may apply for a waiver of that requirement under any one of the four grounds provided by the U.S. Immigration law:

- a. Exceptional hardship to his/her U.S. citizen or permanent resident spouse or child.
- b. Persecution if forced to return to home country.
- c. A statement in support of a waiver from an interested U.S. government agency.
- d. A statement in support of a waiver from a state department of public health or its equivalent.

The Missouri Department of Health will consider recommending a waiver of the foreign residence requirement on behalf of physicians holding J-1 visas who have been admitted to the U.S. under a J visa before, on, or after the date of enactment of this Act and before June 1, 1996, under the following conditions:

A waiver request to the Department of Health must come from a U.S. health care facility on behalf of a J-1 physician and not directly from a J-1 physician.

The physician must be a primary care physician applying for a waiver to work in a geographic area designated by the Secretary of Health and Human Services as having a shortage of health care professionals.

The physician must demonstrate a bona fide offer of employment at a health facility and must agree to work 40 hours per week for at least three years for a Medicare and Medicaid certified medical facility which also accepts medically indigent patients.

The physician must provide a copy of a letter of no objection from the physician's home government.

The physician's status will be changed to that of an H1-b visa.

If the physician fails to fulfill the terms of the contract with the health care facility, they would not be eligible to apply for an immigrant visa or permanent residence unless they returned to their home country for two years.

There will be a limit of twenty (20) waiver requests per state per fiscal year.



**J-1 VISA PHYSICIAN REPORTING FORM**

**PHYSICIAN:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Address:**

Home: \_\_\_\_\_ Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of medical practice: \_\_\_\_\_

Location of medical practice: \_\_\_\_\_

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
County \_\_\_\_\_ ZIP Code \_\_\_\_\_

I hereby certify that I, the undersigned, do provide primary health care services at the above-stated address a minimum of 40 hours per week.

\_\_\_\_\_  
Physician's Signature

**EMPLOYER:**

I do hereby certify Doctor \_\_\_\_\_ is employed by \_\_\_\_\_ and provides 40 hours of primary health care per week.

\_\_\_\_\_  
Employer's Signature

**Notary:**

**Return:**

**Physician Data Sheet**

- 1. Full name: \_\_\_\_\_
- 2. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
- 3. Country of nationality or last legal permanent residence: \_\_\_\_\_
- 4. Date and place of issuance of original exchange-visitor (J-1) visa: \_\_\_\_\_  
\_\_\_\_\_
- 5. Present address: \_\_\_\_\_ Immigration district: \_\_\_\_\_
- 6. Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_
- 7. List of exchange-visitor programs in which you participated. If known, give the program number. Also include field of specialization:  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Alien registration number, if known: \_\_\_\_\_
- 9. If your exchange-visitor program includes U.S. government funds, funds from your own government, or from an international organization, please give full particulars concerning the funding:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10. Is your spouse in J-1 status? \_\_\_\_\_ If so, is he/she also applying for a waiver? Please give full explanation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 11. Give the reasons for not wishing to fulfill the 2-year home-country residence requirement to which you agreed at the time you accepted exchange visitor status (use additional sheet if needed).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12. Please include copies of all IAP-66's issued during your stay in this country.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**19 CSR 10-4.030 National Interest Waiver Program**

*PURPOSE: This rule establishes the procedure for requesting an attestation from the Department of Health that an alien physician's work in an area or areas of the United States that have been designated as having a shortage of health care providers by the Secretary of Health and Human Services is in the public interest for the purpose of applying for a National Interest Waiver from the Immigration and Naturalization Service.*

(1) The following definitions shall be used in interpretation and enforcement of this rule:

(A) Department means the Missouri Department of Health;

(B) Director means the director of the Missouri Department of Health;

(C) Board means the Board of Registration for the Healing Arts, Missouri Department of Economic Development;

(D) Physician means an individual licensed and registered pursuant to Chapter 334, RSMo;

(E) Hospital means a facility licensed in the state of Missouri pursuant to Chapter 197, RSMo;

(F) Health Professional Shortage Area (HPSA) means an area or facility designated by the Secretary of Health and Human Services as having inadequate health care providers; and

(G) Approved practice site means the practice location for which the department has issued the attestation of public interest.

(2) The department may provide attestations in support of a National Interest Waiver request for waiver to the job offer requirement that applies to alien second preference employment-based immigrant visa petitions.

(A) The request must contain all of the following information and documentation and must be submitted in a single package with the documents presented in the order they are listed in paragraphs (2)(A)1.-9. Waiver requests which do not comply with these requirements will not be considered. Each request shall contain:

1. A written request from the physician that the department provide a letter that the physician's work in such an area, areas or facility is in the public interest;

2. A detailed written description of the service area, facility or population in which the physician will be working, including documentation of its designation as a Health Professional Shortage Area and the services currently being provided;

3. A letter from the board stating that the physician is licensed in good standing in Missouri;

4. A letter from the medical director of all hospitals at which the physician has privileges delineating the status of the privileges that were granted, when the privileges began and how the privileges may have changed over time along with an explanation for any changes;

5. A written statement from the physician's malpractice insurance carrier stating the claims made against the physician and the disposition of those claims;

6. A written statement from the city council or county commission, whose jurisdiction includes the physician's practice site, that the physician's services are required by and are in the interest of the community;

7. A written statement from the local public health agency, whose jurisdiction includes the physician's practice site, that the physician's services are required by and are in the interest of the community;

8. A copy of the physician's employment contract for the practice site for a period of no less than five (5) years; and

9. A written statement as to how the denial of the waiver will affect the provision of medical services in that community.

(3) No attestation shall be granted to any physician who fails to provide any of the information in paragraphs (2)(A)1.-9.

(4) No attestation shall be granted to any physician who does not have privileges at any hospital in Missouri.

(5) A physician must work at the approved practice site for a minimum of five (5) years. If the physician fails to comply with this section, the department shall report the physician to the Immigration and Naturalization Service and other agencies as necessary.

(6) A physician with a National Interest Waiver from Missouri, who wishes to transfer to another qualifying practice site in Missouri, may do so under the following circumstances:

(A) The physician must notify the department at least sixty (60) days prior to the proposed change. The notice must contain, at minimum the following:

1. All the information and documentation required in subsection (1)(A) of this rule; and

2. A detailed explanation as to the reason for the change; and

(B) The physician retains sole responsibility for financial liabilities caused by the change in approved practice site.

(7) Physicians for whom the department provides public attestations shall supply the following to the department by February 1 of each year:

(A) Name;

(B) Address of the physician's present practice site(s);

(C) The number and characteristics of the patients served including:

1. Gender;

2. Age distributions; and

3. Payor source (Medicaid, Medicare, commercial insurance or self-pay);

(D) Letters of continued support from the medical director of all hospitals at which said physician has privileges;

(E) Letters of continued support from the local public health agency; and

(F) Letter from the board stating that the physician is licensed in good standing in Missouri.

*AUTHORITY: section 191.411, RSMo 2000.\*  
Emergency rule filed March 27, 2001, effective April 9, 2001, expired Jan. 17, 2002.  
Original rule filed March 27, 2001, effective Sept. 30, 2001.*

*\*Original authority: 191.411, RSMo 1993.*