Senate Education Committee
Testimony in Support of House Bill 2374
Presented by Kelly Whitten, Associate Vice Chancellor for State Relations
University of Kansas
Friday, March 13th, 2026

Chairman Erickson and members of the committee, my name is Kelly Whitten I am the Associate Vice Chancellor for State Relations at the University of Kansas. I am pleased to testify in support of HB 2374, an act creating the specialty medical loan repayment fund. The University of Kansas requested this bill to allow more medical specialties to participate in the program, eliminate unintended consequences for our students, and make the program more efficient to administer. In order for us to understand the need for this bill we need to understand the popular program we are requesting changes to.

In 1978, the Kansas legislature and the KU School of Medicine came together to develop a program to encourage medical doctors to practice in rural Kansas. What was developed was the Kansas Medical Student Loan Program or KMSL. KU medical students entering into the fields of family medicine, pediatrics, internal medicine and emergency medicine apply to receive loan repayment and a living stipend in exchange for their medical service in rural Kansas after they complete their medical education. The service agreement states that for each year students take the loan, they will serve 1 year in the community. In this statute, rural is defined as all of the counties except the large five: Sedgwick, Wyandotte, Douglas, Shawnee, and Johnson Counties. This program has been amended several times throughout its history to make it easier to administer and better for our students. Since 2008, 85% of the students who receive the loan repayments complete all their service requirements which is for each year slot they receive they serve a year in rural Kansas. If a student fails to complete their service requirement they are required to pay back with a 15% interest fee. It is important to note that HB2374 does not change this original program.

This program was so effective that in 2017 the legislature and mental health advocates successfully added the Psychiatric KMSL program. This is a separate statute and fund that is only for Psychiatric doctors. This fund has been underutilized simply because of the low number of medical students entering this particular field. KU school of medicine has encouraged participation of psychiatry students in the program, but demand and interest have remained low.

In 2023 OBGYN KMSL program was added to the growing list KU administers.

With the need for medical specialties doctors like oncologist, neurologist, general surgeons and cardiology growing in rural Kansas, HB 2374 is needed now. The changes will allow more specialties to participate in this program, allowing us to better meet the state's evolving workforce needs. Additionally, it will eliminate unintended consequences for our students and make the program more efficient to administer.

I personally work best with examples so that is how I am going to explain these unintended consequences that will likely happen if we don't pass HB 2374. We have a first-year medical student who would like to be a rural OBGYN. They apply and get accepted into the OBGYN KMSL program. This student accepts the loan repayments and stipends for their 4 years of medical school, meaning they plan to serve at least 4 years in rural Kansas. This student has applied for OBGYN residencies across the country. Unfortunately, in this example, the student fails to match with an OBGYN residency, which tends to be extremely competitive. That said, the student did match with a less competitive primary care residency. As the statute is currently written, the student would have to repay their loans with 15% interest since they did not match with an OBGYN residency and Kansas would likely lose a young physician interested in serving a rural community. However, if the proposed changes in HB 2374 move forward, the student would not have to repay their loans, and our underserved rural communities would get one more doctor who is excited to work in Kansas. To put it simply, these changes allow us to direct awards where they are most needed to support Kansas communities.

HB2374 structurally combines the Psychiatric and OBGYN KMSL Programs and opens them up to all specialties that are needed in rural Kansas. If there are any unspent funds from the Specialty Medical Student Loan program, that money can be spent in the original primary care KMSL Program. This bill will not take away any slots from primary care students.

The University of Kansas Medical Center has been proud to administer this program since its inception. We believe it is one of the most successful programs in the country at placing doctors in areas of need around the state. While we are proud of the program's success, we believe that a few changes will help ensure the program will remain successful for future generations. The changes offered in HB 2374 will strengthen Kansas's physician pipeline, reduce student debt burdens and improve access to high-quality care across the state. We respectfully ask you to support HB 2374.