



Carol Austerman, CEO
Kodiak Community Health Center
Kodiak, Alaska

Protecting Medicaid: A Lifeline for Rural Alaska

Testimony Before the Alaska State Legislature
House HSS Committee
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Kodiak Community Health Center - Overview

- KCHC has served the Kodiak Island community for 21 years
- 5,000 patients / 14,000 visits annually
- \$8.5M budget
- PCMH offering primary care, OB, integrated behavioral health, MAT & in-patient services
- 10 providers, 75 staff
- Co-located with Providence critical access hospital
- Payer mix – 48% Commercial, **28% Medicaid**, 15% Medicare, 9% Self Pay



Medicaid's Role in Rural Healthcare

Kodiak's Unique Challenges: Limited local medical services, specialized care requires travel.

Primary Care Saves Money: Prevents chronic disease complications, reduces ER visits.

Cuts Increase Costs: Delayed care leads to expensive hospitalizations and suffering.

- **Rehabilitation & Hope:** Partially paralyzed patient—Medicaid funds rehab, chance to walk again.
- **Diabetic Amputation:** Patient facing severe disability—Medicaid provides necessary surgical care.
- **Terminal Young Adult:** Brain tumor patient—Medicaid ensures dignity, access to care.
- **Family Complications:** A husband paralyzed, a wife diagnosed with breast cancer—Medicaid allows return to work.
- **Difficult Diagnosis:** 14-year-old with rare disease—DenaliKidCare allows return to school



The Human Cost of Medicaid Cuts

"I may be terminal, but I am not terminally unique."

– Patient quote

A grayscale map of Alaska is shown within a rounded rectangular frame. The text is overlaid on the map.

1 hour flight ADQ – ANC

**Or 13 hour AMHS Ferry
to Homer**

Economic & Community Impact

- **Medicaid Supports Local Economies:** FQHCs rely on Medicaid to keep clinics open.
- **Cuts Lead to Higher Overall Costs:** Strains emergency rooms, increases hospital costs.
- **Call to Action:** Save Medicaid – maintain access to care and eligibility.



Thank you for your
continued work for
Alaskans.