SUMMARY OF SUPPORT LETTERS: HB 392

ORGANIZATIONS:

AARP - American Association of Retired Persons

ABHA – Alaska Behavior Health Association

ANHB - Alaska Native Health Board

ANTHC - Alaska Native Tribal Health Consortium

APA – Alaska Pharmacists Association

ALPHA - Alaska Public Health Association

APCA – Alaska Primary Care Association

ASHNHA – Alaska State Hospital and Nursing Home Association

ASMA - Alaska State Medical Association

Illuliuk Family and Health Services, Inc.

NASW, Alaska Chapter – National Association of Social Workers

Alaska Commission on Aging, State of Alaska Dept. of Health + Social Services

Sunshine Community Health Center

INDIVIDUALS:

James Atti - Bethel

Darlene Buttolph - Anchorage

Nancy Byran - Palmer, AK

Ann Nora Ehret – Dutch Harbor

Janie Fillman - Glennallen

Heather Goecke - Wasilla

Sonia Handforth-Kome - Unalaska

Sandra Knight – Anchorage

James Lepich – Skagway

Julie McDonald - Florida Pharmacist wanting to move to Craig, AK

Sharon Montagnino - Talkeetna

Donna Phillips - Girdwood

Doris Robbins - Fairbanks

Mabel Smeltzer - Ketchikan

Marguerite Stetson - Anchorage

RESOLUTIONS:

Commonwealth North

Alaska Primary Care Association

Mat-Su Health Foundation



AARP Alaska 3601 C Street Suite 1420 Anchorage, AK 99503

T 1-866-227-7447 F 907-341-2270 TTY 1-877-434-7598 www.aarp.org/ak

March 17, 2010

The Honorable Wes Keller, Co-Chair House Health and Social Services Committee Alaska Capitol, Room 13 Juneau, AK 99801-1182

The Honorable Bob Herron, Co-Chair House Health and Social Services Committee Alaska Capitol, Room 411 Juneau, AK. 99801-1182

RE: HB 392 (Herron)—Support

Dear Co-Chairs Keller and Herron:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health and Social Services Committee to support HB 392, authored by Committee Co-Chair Herron.

The intent of HB 392 is to provide incentives for health care providers, especially for expertise that is in short supply in Alaska as well as to secure providers in our many underserved geographic areas.

AARP approaches HB 392 from the standpoint of the customer. Our members are the group most likely to need health care services and are often the first ones to face critical health care problems because they cannot find a provider.

You are well aware of our health care workforce shortages in Alaska. If our members cannot find a health provider, the results can be bad for them as well as for the state.

Postponing a needed health visit often results in health deterioration and, in many cases, more intense and more expensive treatment. With an increase in providers, our members are more likely to seek prevention and early treatment. The overall health status of older Alaskans will improve.

However, if our members cannot find a health care provider, Alaska will be the loser.

As you know, prior to 1990 many older Alaskans left the state after retirement because they could not count on finding medical facilities and providers to meet their needs.

This trend reversed and now Alaska has the highest percentage of older people who decide to stay in their home state after retirement. The economic value of these retirees is estimated at over \$1.7 billion.

We want our citizens to stay here after retirement. The most significant determination of where retirees decide to live is the availability of quality health care. We must have an adequate health care workforce if we are going to keep older Alaskans in our state.

HB 392 will go a long way in helping us secure that workforce.

AARP recommends an "AYE" vote on HB 392.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Marie Darline

Sincerely,

Marie Darlin, Coordinator

AARP Capital City Task Force

415 Willoughby Avenue, Apt. 506

Juneau, AK 99801

586-3637 (voice)

463-3580 (fax)

CC: Vice-Chair Representative Tammie Wilson

Representative Bob Lynn

Representative Paul Seaton

Representative Sharon Cissna

Representative Lindsey Holmes



March 15, 2010

Re: Support for HB 392 Incentives for Certain Medical Providers

Dear House Members of the Alaska State Legislature:

Because the health care workforce shortage in Alaska is reducing health care access for our state's residents, the Alaska Behavioral Health Association strongly supports HB 392 to establish a loan repayment and incentive program to allow Alaska to compete with the lower 48 in recruitment of providers from a shrinking national pool.

One of our primary goals deals with Workforce Development and this bill fits well within the goal to assure that a well trained adequate workforce is available to behavioral health providers.

With alarming and rising vacancy rates, Alaska is posed for a crisis without intervention. Alaska is one of only six states without a state-sponsored support-for-service program such as a loan repayment and incentive program and is losing ground. The competition for recruitment of providers is very difficult. Currently only 2% of medical students nationally are choosing the primary care field; more than 90 pharmacists vacancies exist in Alaska; many communities have inadequate access to dentists; physician assistants, behavioral health clinicians, addiction professionals, and nurse practitioners are increasingly difficult to recruit; nurses, dental hygienists, psychologists, licensed certified social workers, and physical therapists are all in short supply in Alaska.

The Alaska Health Care Professions Loan Repayment & Incentive Program provides an important part of the solution to the workforce shortage Alaska faces. The proposal was developed after careful review of national studies of best practices for workforce recruitment and retention and input from stakeholders statewide, including consideration of factors unique to Alaska. More cost-efficient and results-producing than other methods, loan repayment and incentives have been shown to effectively help alleviate shortage problems in other states. HB 392 establishes a loan repayment and incentive program customized for Alaska and will provide much needed relief for our state.

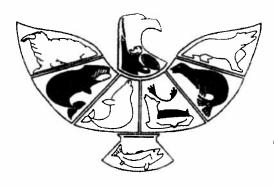
The Alaska Behavioral Health Association supports HB 392 and urges passage of this important legislation. Your active steps to assure the establishment of the Alaska Health Care Professions Loan Repayment & Incentive Program are greatly appreciated.

In Health,

Steve Horn

Sur Hora -

Executive Director



Alaska Native Health Board

1840 Bragaw Street, Suite 220 Anchorage, Alaska 99508

Phone: (907) 562-6006 Fax: (907) 563-2001

March 12, 2010

Representative Bob Herron State Capital Building, Room 411 Juneau, Alaska 99801-1182

Dear Representative Herron,

We write to express the Alaska Native Health Board's support for HB 392, establishing a health professions loan repayment and employment incentive program. Alaska is one of only six states without a state-sponsored health professions support-for-service program.

Overall, Alaska health workforce vacancy rates are now over 10% and growing, particularly for hard-to-fill positions in rural locations where most providers are "safety net" providers who deliver care to primarily to Medicaid and Medicare beneficiaries and the uninsured.

Among tribal providers, who are the only provider of health services in many areas of the state, health professional vacancy rates exceed the statewide rates across the board by 150-200%.

The challenges are daunting: The average time it takes for a tribal provider to fill a physician vacancy is over a year, while the average time to fill a mid-level vacancy is six months. As of November 2009, within the Alaska tribal health system alone, there were over 80 physician vacancies. These severe workforce shortages compound the challenge of providing good access to quality healthcare for all Alaskans, particularly in the rural areas.

HB 392, The Alaska Health Care Professions Loan Repayment & Incentive Program, is an important part of the solution to Alaska's health workforce shortage. It was developed after careful review of national studies of best practices for workforce recruitment and retention and input from stakeholders statewide, including consideration of factors unique to Alaska.

More cost-efficient and results-producing than other methods, loan repayment and incentives have been shown to effectively alleviate shortage problems in other states, and we are certain that HB 392 will work because it has been thoroughly reviewed and customized for Alaska.

Sincerely,

Evangelyn Angel Dotomain

President/CEO



Administration · 4000 Ambassador Drive · Anchorage, Alaska 99508 · Phone: (907) 729-1900 · Fax: (907) 729-1901 · www.anthc.org

POSITION PAPER

CONTACT: Valerie Davidson, Senior Director

DATE: March 12, 2010

Legal and Intergovernmental Affairs

Through Pat Jackson, State Liaison for Alaska Native Health

523-0363 - pajackson@anthc.org

RE:

HB 392 – Incentives for Certain Medical Providers

POSITION: Support

ANTHC is a tribally controlled, non-profit, statewide tribal health organization formed pursuant to federal law to provide a range of medical and community health services for more than 130,000 Alaska Natives. ANTHC is part of the Alaska Tribal Health System (ATHS), which is owned and managed by the 231 federally recognized tribes in Alaska and by their respective regional health organizations.

ANTHC and Southcentral Foundation jointly manage the Alaska Native Medical Center (ANMC), the tertiary hospital of the ATHS located in Anchorage. ANMC hospital and SCF clinic facilities together employ 161 physicians, 37 dentists and 509 nurses, along with many more employees working in health-related professions. We face the same workforce challenges as our partner health organizations, competing with employers in the Lower 48 to recruit and retain a quality workforce.

Current reports prepared by the Indian Health Service on physician positions within the tribal system and by Alaska tribal facilities on nursing positions provide a good snapshot of workforce challenges.

Profession	Positions Authorized	Vacancies	Percentage
Physicians – statewide	305	81	26.6%
Physicians – ANTHC/SCF	161	35	21.7%
RN – statewide	775	113	15%
LPN – statewide	92	26	28%
APN – statewide	120	28	23%

Ideally we would grow our own health professionals in numbers that would meet our workforce needs, and we have made progress over the years. The tribal health system offers internships and scholarships that bring some of our best and brightest to the medical field. More Alaska Natives are choosing Medical and Dental careers; a University of Alaska Anchorage program, Recruitment and Retention of Alaska Natives into Nursing, is graduating Alaska Native nurses; many of our Community Health Aides have built on their basic training opportunities to prepare for advancing careers; and the Dental Health Aide Program is graduating students who fill a need for dental health services and patient education. We are inching forward, but more work needs to be done.



HB 392 is a strategy to attract skilled health professional to Alaska jobs. It would work in tandem with other efforts as Alaska's health provider community work to provide quality care to our residents. ANTHC urges your favorable consideration and passage of HB 392 to help us turn the corner on Alaska's health care workforce.



Alaska Pharmacists Association

RE: Support for HB 392 Alaska Health Care Professions Loan Repayment & Incentive Program

March 16, 2010

Dear Members of the Alaska State Legislature:

Because the health care workforce shortage in Alaska is reducing health care access for our state's residents, putting Alaskans in jeopardy, the Alaska Pharmacists Association strongly supports the concept of a state-sponsored loan repayment and incentive program to allow Alaska to compete with the lower 48 in recruitment of providers from a limited and shrinking national pool.

"The Mission of the Alaska Pharmacists Association is to preserve, promote and lead the profession of pharmacy in Alaska."

With alarming and rising vacancy rates, Alaska is posed for a crisis without intervention. Alaska is one of only six states without a state-sponsored support-for-service program such as a loan repayment and incentive program and is losing ground. The competition for recruitment of providers is very difficult. Currently only 2% of medical students nationally are choosing the primary care field; more than 90 pharmacists vacancies exist in Alaska; many communities have inadequate access to dentists; physician assistants and nurse practitioners are increasingly difficult to recruit; nurses, dental hygienists, psychologists, LCSWs (licensed, clinical social workers), and physical therapists are all in short supply in Alaska.

Based on statistics provided by Laura Miller, PhD, Senior Economist with the National Association of Chain Drug Stores, the national average of community pharmacists per 10,000 people is 5.36. For Alaska, the figure is 3.35. To get to the national average, Alaska would need an additional 137 pharmacists. The average number of people per community retail pharmacy is about 5,300 nationally, and in Alaska it is 8,900. Even if you add in the 15 Indian Health Service (IHS) pharmacies, Alaska's pharmacies average about 7,500 people, much higher than the national average.

The Health Care Professions Loan Repayment & Incentive Program proposal brings to the table an important part of the solution to the workforce shortage Alaska faces. The proposal was developed after careful review of national studies of best practices for workforce recruitment and retention and input from stakeholders statewide, including consideration of factors unique to Alaska. More cost-efficient and results-producing than other methods, loan repayment and incentives have been shown to effectively help alleviate shortage problems in other states. The proposed program designed for Alaska will provide much needed relief for our state.

Respectfully,

Nancy O. Davis Executive Director

E-mail: akphrmcy@alaska.net

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ALASKA PUBLIC HEALTH ASSOCIATION

Committed To Advancing Alaska's Public Health Since 1978

March 18, 2010

Dear Senate and House Members of the Alaska State Legislature:

Because the health care workforce shortage in Alaska is reducing health care access for our state's residents, the Alaska Public Health Association (ALPHA) strongly supports HB 392 to establish a loan repayment and incentive program to allow Alaska to compete with the lower 48 in recruitment of providers from a shrinking national pool.

With alarming and rising vacancy rates, Alaska is posed for a crisis without intervention. Alaska is one of only six states without a state-sponsored support-for-service program such as a loan repayment and incentive program and is losing ground. The competition for recruitment of providers is very difficult. Currently only 2% of medical students nationally are choosing the primary care field; more than 90 pharmacists vacancies exist in Alaska; many communities have inadequate access to dentists; physician assistants and nurse practitioners are increasingly difficult to recruit; nurses, dental hygienists, psychologists, licensed certified social workers, and physical therapists are all in short supply in Alaska.

The Alaska Health Care Professions Loan Repayment & Incentive Program provides an important part of the solution to the workforce shortage Alaska faces. The proposal was developed after careful review of national studies of best practices for workforce recruitment and retention and input from stakeholders statewide, including consideration of factors unique to Alaska. More cost-efficient and results-producing than other methods, loan repayment and incentives have been shown to effectively help alleviate shortage problems in other states. SB 139 establishes a loan repayment and incentive program customized for Alaska and will provide much needed relief for our state.

ALPHA supports HB 392 and urges passage of this important legislation. Your active steps to assure the establishment of the Alaska Health Care Professions Loan Repayment & Incentive Program are greatly appreciated.

Respectfully,

Sanda Tosas Sandra Woods, RN-C, MS

President

ALPHA Board of Directors



The Honorable Bob Herron Alaska State House of Representatives State Capitol, Room 411 Juneau, Alaska 99801

Re: Support for HB 392 Incentives for Certain Medical Providers

March 10, 2010

Dear Representative Herron,

The Alaska Primary Care Association (APCA) works to promote primary care access for all Alaskans. The APCA represents 26 health care organizations operating 142 Community Health Center (CHC) clinic sites, as well as other primary care safety net providers, throughout Alaska. Currently, health professional workforce shortages are impacting the ability of CHC clinics and other health entities to provide access to health care services for Alaskans. The CHCs in Alaska exist to provide care for medically underserved populations and communities; however, the CHCs are having great difficulty recruiting and retaining providers. The CHCs provided primary health care services to over 81,000 patients (1 in 9 Alaskans) last year with the following estimated vacancies: 22 physicians, 20 physician assistants, 26 nurse practitioners, 6 dentists, and 10 licensed clinical social workers – to name a few.

Not only is Alaska suffering from labor shortages in most professional health care occupations, but there is a national shortage of primary care providers as well. With most areas of Alaska designated as a Health Professional Shortage Area or a Medically Underserved Area, the national shortages have made recruitment and retention even more challenging for clinics here. All but six of the fifty states have addressed similar professional health provider shortages by implementing state sponsored support-for-service programs which have helped to attract and retain health care providers.

The APCA hears routinely from frustrated medical directors throughout Alaska that they are "losing candidates to other states." Expensive temporary hires and repeated recruitment costs are driving up the cost of health care. The lack of continuity of providers is impacting health care access and outcomes for Alaskans. It is time for

Alaska to establish a state-sponsored loan repayment and incentive program to help mitigate the health care workforce shortage problem.

In closing, the Alaska Primary Care Association strongly supports HB 392 and the creation of a "Health Care Professions Loan Repayment and Incentive Program" in Alaska. Thank you for your efforts to expand access to health care for all Alaskans.

Respectfully,

Regan Mattingly

Shelley S. Hughes

Re Moto Shelley S. Hughes

State Affairs Coordinator

Government Affairs Director

426 Main St Juneau, Alaska 99801 (907) 586-1790 www.ashnha.org



TESTIMONY ON House Bill 392 March 17, 2010

ASHNHA represents 27 private, federal, state, and tribal health care facilities located throughout Alaska. The testimony presented here has been approved by ASHNHA's general membership (see detailed member list at bottom of testimony).

ASHNHA's membership strongly supports HB 392.

Health care occupation workforce shortages continue to persist throughout Alaska but are most critical in rural areas of the State.

The Alaska Legislature has been extremely responsive to addressing these shortages by providing increased funding to the University of Alaska to expand health care education programming, and by expanding the WWAMI program from 10 to 20 educational placements each year.

HB 392 complements these other initiatives by establishing a new program that will give the Department of Health & Social Services authority to attract already trained health care professionals in 10 critical occupation categories. The Department will offer either loan repayment or cash incentives commitment to willing providers in exchange for time served in health care shortage areas in Alaska. Up to 90 health care professionals could be attracted to Alaska each year through this program.

Extensive study of Alaska's health care workforce needs have been completed and those data disclose shortages that cannot be overcome by expanded educational programming or WWAMI enrollments alone. These investments, while extremely important, will take from 4 years to 10 years to produce trained clinicians depending on the health care occupation chosen for study. HB 392 will bridge the gap Alaskans face today in many rural and underserved communities throughout the State.

ASHNHA has worked with a large group of other stakeholders to help develop the program outline contained in HB 392. Passage of this measure will help Alaska become competitive with other states in attracting 'practice ready' professionals from around the country.

HB 392 has the strong support of many organizations concerned about the severe shortage of health care professionals in many rural areas of the State. The Alaska Health Care Commission recommended consideration of a loan repayment and incentive program in their report to the Governor and the Legislature.

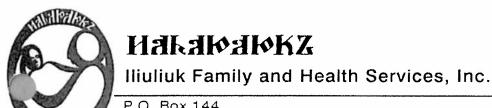
ASHNHA respectfully urges your support for HB 392 and passage of this bill from House HSS to the next committee of referral.

Thank you for your consideration.

For questions please contact: Rod Betit, President & CEO ASHNHA rbetit@ashnha.com or call 907 586-1790

This Testimony is on Behalf of the Following Alaska Health Care Facilities

Alaska Regional Hospital, Alaska Native Medical Center, Bartlett Regional Hospital, Central Peninsula General Hospital, Cordova Community Medical Center, Denali Center Nursing Home, Fairbanks Memorial Hospital, Heritage Place Nursing Home, Kanakanak General Hospital, Ketchikan General Hospital, Maniilaq Health Center, Mt. Edgecumbe Hospital SEARHC, Norton Sound Regional Hospital, Petersburg Medical Center, Providence Alaska Medical Center, Providence Extended Care Center, Providence Kodiak Island Medical Center, Providence Seward Medical & Care Center, Providence Valdez Medical Center, Sitka Community Hospital, South Peninsula Hospital, St. Elias Specialty Hospital, Wrangell Medical Center, Yukon Kuskokwim Delta Regional Hospital, North Star Behavioral Health, Wildflower Court Nursing Home.



P.O. Box 144 Unalaska, Alaska 99685

Phone: (907) 581-1202

Fax: (907) 581-2331

Re: Support for HB 392 Incentives for Certain Medical Providers

March 11, 2010

Dear Senate and House Members of the Alaska State Legislature:

Because the health care workforce shortage in Alaska is reducing health care access for our state's residents, Iliuliuk Family and Health Services, Inc. (IFHS) strongly supports HB 392 to establish a loan repayment and incentive program to allow Alaska to compete with the lower 48 in recruitment of providers from a shrinking national pool.

Our organization, IFHS, is the only comprehensive service provider for medical, dental and behavioral health services within 800 air miles of Unalaska. We are remote, and we frequently find that we are unable to compete with "lower 48" medical practices for providers, since we also cannot compete effectively with salaries. State loan repayment options for our providers would help us offer a competitive package.

With alarming and rising vacancy rates, Alaska is posed for a crisis without intervention. Alaska is one of only six states without a state-sponsored support-for-service program such as a loan repayment and incentive program and is losing ground. The competition for recruitment of providers is very difficult. Currently only 2% of medical students nationally are choosing the primary care field; more than 90 pharmacists vacancies exist in Alaska; many communities have inadequate access to dentists; physician assistants and nurse practitioners are increasingly difficult to recruit: nurses, dental hygienists, psychologists, licensed certified social workers, and physical therapists are all in short supply in Alaska.

It takes IFHS over a year to recruit a single doctor; six months to recruit a behavioral health specialist, and the last time we recruited a dentist, it took us four years to do so. We cannot recruit RNs - until July of 2009, we had two open RN positions for over two years, and currently have one RN position that has been open for over three years. A state-sponsored support-forservice program would help make our recruitment package more appealing and more competitive.

The Alaska Health Care Professions Loan Repayment & Incentive Program provides an important part of the solution to the workforce shortage Alaska faces. The proposal was developed after careful review of national studies of best practices for workforce recruitment and retention and input from stakeholders statewide, including consideration of factors unique to Alaska. More cost-efficient and results-producing than other methods, loan repayment and incentives have been shown to effectively help alleviate shortage problems in other states. HB

392 establishes a loan repayment and incentive program customized for Alaska and will provide much needed relief for our state.

IFHS supports HB 392 and urges passage of this important legislation. Your active steps to assure the establishment of the Alaska Health Care Professions Loan Repayment & Incentive Program are greatly appreciated.

Respectfully,

Sonia Handforth-Kome

Executive Director

401 E. Northern Lights Blvd., Suite 205 Anchorage, Alaska 99503 907-332-NASW (6279) Fax: 907-332-6270 1-800-478-NASW (6279) Director@naswak.org http://www.naswak.org

March 10, 2010

Re: Support for Alaska Health Care Professions Loan Repayment & Incentive Program

Dear Governor and Members of the Alaska State Legislature:

Because the health care workforce shortage in Alaska is reducing health care access for our state's residents, the National Association of Social Workers – Alaska Chapter strongly supports the concept of a state-sponsored loan repayment and incentive program to allow Alaska to compete with the Lower 48 in recruitment of providers from a shrinking national pool.

With alarming and rising vacancy rates, Alaska is posed for a crisis without intervention. Alaska is one of only six states without a state-sponsored support-for-service program such as a loan repayment and incentive program and is losing ground. The competition for recruitment of providers is very difficult. Currently only 2% of medical students nationally are choosing the primary care field; more than 90 pharmacists vacancies exist in Alaska; many communities have inadequate access to dentists; physician assistants and nurse practitioners are increasingly difficult to recruit; nurses, dental hygienists, psychologists, licensed certified social workers, and physical therapists are all in short supply in Alaska.

The Health Care Professions Loan Repayment & Incentive Program proposal – SB 139 and HB 392 – bring to the table an important part of the solution to the workforce shortage Alaska faces. The proposal was developed after careful review of national studies of best practices for workforce recruitment and retention and input from stakeholders statewide, including consideration of factors unique to Alaska. More cost-efficient and results-producing than other methods, loan repayment and incentives have been shown to effectively help alleviate shortage problems in other states. The proposed program designed for Alaska will provide much needed relief for our state.

We recommend the establishment of the Alaska Health Care Professions Loan Repayment & Incentive Program and requests that you actively take steps to create and fund the program.

Respectfully,

/s/

LaVerne Demientieff President, NASW-AK

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

March 18, 2010

The Honorable Wes Keller, Co-Chair House Health and Social Services Committee Alaska Capitol, Room 13 Juneau, AK 99801-1182

The Honorable Bob Herron, Co-Chair House Health and Social Services Committee Alaska State Capitol, Room 411 Juneau, AK 99801-1182

Subject: Support for HB 392, Incentives for Certain Medical Providers

Dear Chair Keller and Chair Herron:

The Alaska Commission on Aging (ACoA) encourages support for HB 392 by the House HSS Committee, a bill to establish a loan repayment program to build Alaska's health care workforce by increasing the recruitment and retention of targeted health care professionals in urban and rural, underserved communities. This bill is authored by Representative Bob Herron.

Alaska, as with the rest of the nation, is experiencing a shortage of health care workers as fewer students are entering the health care profession and many of those already working in health care are preparing for retirement. Alaska is one of five states that does not offer a state-sponsored loan repayment program for health care professions. As a result, our hospitals, clinics, and communities lose potential health care workers to other states that incentivize their workforce with loan repayment programs.

Access to quality health care is a priority for all Alaskans and a critical need for people age 65 years and older. Older Alaskans benefit from regular health care services which enhance their overall health and decrease the need for more expensive, intensive treatment and emergency visits.

Alaska continues to lead all states with the fastest growing senior population currently comprising about 12 percent of our state's population and is projected to increase by five to six percent each year until 2020. The graying of Alaska's population is creating substantial shifts for workforce, particularly in the health care and long-term support service sectors, as demand increases and providers are reaching retirement age. If older Alaskans are unable to find a health care provider, they may be forced to leave the state in search of access to health care professionals. As a result, Alaska could suffer from a loss of retirees, who contribute more than \$1.7 billion to the state's economy in addition to their significant volunteer service, caregiving activities, and community leadership.

ACoA supports HB 392 and believes that the proposed legislation will help to build a qualified health care workforce who will be available to meet the health care needs of older Alaskans. Please feel free to contact Denise Daniello, ACoA's executive director, by phone (465-4879) or email (denise.daniello@alaska.gov) should you have questions or require additional information about our position. Thank you.

Sharon Howerton-Clark

Chair, Alaska Commission on Aging

Cc: Representative Tammie Wilson, Vice-Chair

Representative Bob Lynn Representative Paul Seaton Denise Daniello

Sincerely

ACoA Executive Director

SEAN PARNELL, GOVERNOR

JUNEAU, ALASKA 99811-0693

(907) 465-3250

(907) 465-1398

P.O. BOX 110693

PHONE: FAX:

Cc: Representative Sharon Cissna Representative Lindsey Holmes



P.O. Box 787 (Mile 4.4 Talkeetna Spur Road) Talkeetna, AK 99676 (Ph) (907) 733-2273 (Fax) (907) 733-1735 schc@sunshineclinic.org

RE: Support for HB 392 Incentives Alaska Health Care Professions Loan Repayment & Incentive Program

March 10, 2010

Dear Senate and House Members of the Alaska State Legislature:

Because the health care workforce shortage in Alaska is reducing health care access for our state's residents, Sunshine Community Health Center (SCHC) strongly supports SB 139 to establish a loan repayment and incentive program to allow Alaska to compete with the lower 48 in recruitment of providers from a shrinking national pool.

SCHC's mission is to assist people in the upper Susitna Valley to meet their health care responsibilities by providing affordable, accessible, quality health care, including preventive aspects, to all people regardless of their ability to pay for services. We are a safety-net provider, with our primary focus on patients who are uninsured and unable to pay for basic medical care. We operate two clinics, one in Talkeetna that is open 6 days a week and one in Willow that is open 5 days a week.

The biggest obstacle to accomplishing our mission is our inability to fully staff the organization with the number of medical, dental, and mental health providers we need. As of this writing, SCHC has been recruiting unsuccessfully for a medical provider to staff our Willow clinic for 3 years. We have been recruiting for a full-time mental health professional for 2 years, a nurse for 1 year, and a dentist for 6 months. Two years ago, unsuccessful recruiting and unexpected vacancies shrank our staff of five medical providers (not including dental and mental health) to just two medical providers covering both clinics, and since then we have never been fully staffed.

Our efforts at recruitment during this period have attracted a high level of interest from providers interested in relocating to our community because of the attractive quality of life we offer. Unfortunately, once excitement gives way to realism, the following factors dissuade them from actually accepting a position and moving here:

- the high cost of student loans; medical and dental graduates average over \$100,000 of student debt;
- moving expenses;
- high cost of living in Alaska;
- the escalating cost of health insurance.

SCHC's experience is not unusual. With alarming and rising vacancy rates, Alaska is poised for a crisis unless there is some new intervention. Alaska is one of only six states without a state-sponsored incentive program such as a loan repayment program. The competition for recruitment of providers is very difficult. Currently only 2% of medical students nationally are choosing the primary care field; more than 90 pharmacist vacancies exist in Alaska; many communities have inadequate access to dentists; physician assistants and nurse practitioners are increasingly difficult to recruit; nurses, dental hygienists, psychologists, licensed certified social workers, and physical therapists are all in short supply in Alaska.

The Alaska Health Care Professions Loan Repayment & Incentive Program provides an important part of the solution to the workforce shortage Alaska faces. The proposal was developed after careful review of national studies of best practices for workforce recruitment and retention and input from stakeholders statewide, including consideration of factors unique to Alaska. More cost-efficient and results-producing than other methods, loan repayment and incentives have been shown to effectively help alleviate shortage problems in other states. SB 139 establishes a loan repayment and incentive program customized for Alaska and will provide much needed relief for our state.

Sunshine Community Health Center supports SB 139 and urges passage of this important legislation. Your support and action on this matter are greatly appreciated.

Respectfully,

Mary Loeb, MD Medical Director of Sunshine Community Health Center

From:

James Atti [jamesatti8@gmail.com] Tuesday, March 23, 2010 12:59 PM

Rob Earl

Subject:

Please support HB 392 in House HSS

Representative Herron

Please support and pass HB 392.

We need Health Care Providers and this bill will help us attain our providers as a great incentive to work at our Community Health Clinic. We certainly need leverage to attract health professionals in our clinic.

Thank-you for your support.

Sincerely,

James Atti PO Box 2714 Bethel, AK 99559

From: Darlene Butttolph [lindab@ptialaska.net]
Sent: Darlene Butttolph [lindab@ptialaska.net]
Thursday, March 18, 2010 11:58 AM

To: Rob Earl

Subject: I support HB 392 We need your help.

Representative Herron

I support HB 392 as we need it so bad. I also believe All Doctors should have to take a % of Medicare. I bless the ones that do. They care for the people not their pockets. We need this bill so bad. What are we seniors to do for a Doctor??? No one can find one to care for us. We all have paid into Medicare all our lives for what ? One of the best progaims the government every come up with. It needs to go on plus social security. It adds to our retirement so one can retire. Everyone goes on Medicare at 65 so we need to support HB 392

Sincerely,

Darlene Butttolph 2001 Shore Dr Anchorage, AK 99515

From: Nancy Bryan [nabryan46@yahoo.com]
Sent: Friday, March 19, 2010 4:46 PM

To: Rob Éarl

Subject: Written HB 392 Testimony (H)HSS

Representative Herron

To have seasoned professional Medical staff able to come to Alaska and build our health community, in my opinion, is so valuable for our growing needs.

This would perhaps be a step forward to making this state competitive to lower 48 states with new ideas, that open up great incentives to better the health care areas here.

To become self sufficient in Alaska has always been our motto of looking forward has it not? Then make it possible to help those that want to make the journey here perhaps for the first time, and stay in our great state and bring the knowledge they have as well as their wonderful medical ideas to us.

Thank you. Nancy Bryan

Sincerely,

Nancy Bryan 22479 E Clare Way Palmer, AK 99645

From: Ann Ehret [aehret@ifhs.org]

Sent: Thursday, March 18, 2010 11:40 AM

To: Rob Earl

Subject: HB 392 - Loan repayment

Representative Herron

I am writing to urge you to support this legislation for the loan repayment and incentive program in Alaska. As a physician who works 75% time in the Aleutians I am not eligible for federal loan repayment toward my \$150,000.00 medical school loans. After three years in our community health center at a average salary, I am no longer financially able to sustain the cost of living, monthly loan payments without loan repayment of some sort. I am seriously considering moving out of state to obtain more flexibility in the reimbursement options. If this legislation passes, I will stay in Alaska to provide rural primary care to under served populations.

Sincerely,

Dr. Ann Nora Ehret PO Box 920091 Dutch Harbor, AK 99692

From: Sent: Janie Fillman [akjanie1@hotmail.com] Thursday, March 18, 2010 12:52 PM

To: Rob Earl

Subject:

HB 392 Makes Sense: Please Support

Representative Herron

I live in a rural area, Glennallen, Alaska. We have one primary care center to serve the entire Copper River Valley which is the size of the entire state of Ohio. Our residents range from upper middle class and below (I believe). Cross Road Medical Center has a high turnover of providers, making it hard to have continuity of care; many people drive the approximately 400 mile round trip to get primary care. We have many seniors who simply leave our area. Please support HB 392 as it will help rural under served area's such as the one I live in, plus help our urban areas to have higher level providers (ie there is no cardiologist in all of South East Alaska. UA has a "grow our own" philosophy, but cannot grow enough of our own fast enough; some schooling isn't even available in Alaska such as dentistry and pharmacy. We truly need your help!

Sincerely,

Janie Fillman PO Box 575 Glennallen, AK 99588

From: Sent: Heather Goecke [hgoecke@scf.cc] Thursday, March 18, 2010 10:55 AM

To: Subject:

Rob Earl HB 392

Representative Herron

Alaska needs to establish a Loan Repayment & Incentive Program so we can recruit and retain the providers we need and to help solve the shortage problem.

Average debt for occupations - especially tier 1: range 100,000 to 400,000 (like a mortgage!)

Cost of doing nothing? Economics of no action:

- Without action, ongoing recruitment costs and high locum tenens costs due to high turnover and length of vacancies will continue to increase health care costs in Alaska
- Without action, Alaska will continue to trend toward a public health crisis in pockets of the state
- Without action, Alaska can expect increased ER use, increased Medivac use, increased Medicaid travel costs, and increased costs associated with chronic disease

Sincerely,

Heather Goecke 4040 N Preston Ave Wasilla, AK 99654

From: Sonia Handforth-Kome [skome@ifhs.org]
nt: Tuesday, March 23, 2010 11:06 AM

Rob Earl

Subject: HB 392 Testimony (H)HSS

Representative Herron

I am writing to urge you to support and pass HB 392. I am the executive director of the community health center in Unalaska. We budget for four physicians, three mid-levels, three RNs, two counselors, one physical therapist and one dentist. Our center currently has two open RN positions, one of which has been open for three years, one open counselor position and one open physical therapy position. One of our physicians is considering leaving because, even several years out of school, she still owes over \$100,000 and is not eligible for NHSC loan repayment. Our dentist gave us a three year notice six months ago because he knew it would take that long to fill the position. We must compete nationally for our health care providers. HB 392 would be enormously helpful to us in recruiting and retaining vital staff members. Please support HB392. Thank you.

Sincerely,

Sonia Handforth-Kome Executive Director Iliuliuk Family and Health Services, Inc. PO Box 144 Unalaska, AK 99685

Sandra Knight [twowild2@yahoo.com]
nt: Tuesday, March 23, 2010 7:15 AM

To: Rob Earl

Subject: HB 392 health care workforce

Representative Herron

I am a retiree and concerned about the dirth of available health care for our great State of Alaska.

As I read this bill, it would provide rather immediate financial incentive for sorely needed professionals statewide. Please support HB 392.

Thank you.

Sincerely,

Sandra Knight 8101 Peck Ave Anchorage, AK 99504

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From: Pent:

James Lepich [j.lepich@skagway.org] Tuesday, March 23, 2010 8:57 AM

Rob Earl

Subject:

Support and Testimony for HB 392

Representative Herron

I am writing you in regards to HB 392. I believe this bill to be of utmost importance to the future health of Alaska residents. I came to Alaska this past summer in hopes of acquiring loan repayment through the National Health Service Corps, a process that is arduous and drawn-out. When preparing for this move, I had spoken with several colleagues who had stated that they would be greatly interested in joining the ranks of Alaska Health Care Professionals, however, there is little incentive to do so. They spoke of the high cost of living and that their loans were minimal or already payed down. These are experienced individuals who have a great deal to give to this state. HB 392 and its incentive aspect would be a considerable draw for these people.

The National Health Service Corps does indeed bring many people to this state to fill openings in the health care system, however, as I stated previously, this can be a monstrous undertaking due to working with the Federal bureaucracy. This system also is flawed in that the required time of service is two years, then the people have a choice to stay or move on. It also pays up front, where HB 392 pays out after time has been delivered. My understanding of HB 392 is that it would help people choose to stay in the state due to these requirements.

By taking hold of this at the state level, Alaska can bring in qualified individuals to work and stay in our communities, many of whom will bring a great deal of needed experience.

Thank you considering my testimony and, Please, consider this bill's passing.

Sincerely,

James Lepich Advanced Nurse Practitioner PO Box 537 Skagway, AK 99840 Co-Chairs Stedman and Hoffman Members of the Senate Finance Committee Alaska State Legislature Juneau, Alaska 99801

March 2, 2010

Re: A Pharmacist Interested in Returning to and Working in Alaska Supports SB 139

Dear Co-Chairs Stedman and Hoffman and Members of the Senate Finance Committee,

I am a pharmacist in south Florida who previously interned in Alaska. I would like to share my story and subsequent support for SB 139 *Incentives for Certain Medical Providers* due to my desire to return and work in Alaska.

After putting myself through college to earn a bachelors degree in environmental science, I decided to move back into my parent's home in order to save for a place of my own and to begin aggressively repaying my nearly twenty thousand in student loans. After a year of working as a field biologist and living on a restricted budget, I was very excited to purchase a garden apartment. However, during this year had been very involved with a children's hospital and nursing home. This volunteer work inspired me to return to college in order to pursue a career that offered the daily opportunity to help alleviate suffering and improve the health of those in my community. I decided the best career would be the profession of pharmacy. As a result, I spent the following year continuing my same employment as a field biologist, completing prerequisite courses in the evening, volunteering on the weekends, living with my parents, and renting my apartment. I was accepted into two private colleges of pharmacy and one out of state college. I knew any choice would result in massive student loans accrued during the four years required for a Doctor of Pharmacy degree (tuition alone exceeded eighty thousand). Therefore, I choose a local college of pharmacy that allowed me to continue living with my parents throughout pharmacy school and rented my apartment that I sold a few years later without having the pleasure of ever living in it.

The summer after my first year in pharmacy school, I was thrilled to have the opportunity to spend a month working at the Prescription Center Pharmacy in Fairbanks and volunteering with the Fairbanks Native Bible Church. I anticipated enjoying the beauty of the Alaskan outdoors, but did not expect to fall in love with the people and culture of Alaska. One small example is the quick bond I developed with those who simply rode the same bus route. One day a co-worker generously offered to pick me up for work. I can still recall on the following morning how those on the bus shared they had been truly concerned since I had not been on the bus the previous day. My time in Alaska made a marked impression. Therefore, I was saddened to leave when the month was over and have hoped to return to Alaska ever since.

After graduation from pharmacy school, I felt a great responsibility to begin immediately paying down my student loans. As a result, I did not choose to defer my loans in order to complete a residency and subsequently enter into a more sought-after field of pharmacy. Rather, I entered the very demanding field of retail pharmacy. I have spent nearly two years working fulltime at

an independent retail pharmacy and as a relief pharmacist at another independent pharmacy. I have come to value and respect the vital role a local retail pharmacist has in counseling and advising patients, collaborating with practitioners on patients' medication therapy, seeking innovative ways to meet individual patient's needs (i.e. compounding medications), and often serving as a listening friend. It is a physically demanding and emotionally draining, but richly rewarding by the relationships built with your patients.

Currently my husband, who has a bachelors in business, and I are considering moving to Craig. We would be working at an independent retail pharmacy and are enthused to become a part of the Prince of Wales community. Additionally, I serve on the board of directors for a pharmacy organization where I oversee seventy-six student chapters nationwide and internationally. Part of my work in Craig would be encouraging pharmacy students from numerous states to come to Alaska for a summer position or complete a rotation during their final year of pharmacy school. My husband and I are confident the culture and spirit of Alaska would be of great benefit for us and we would continually seek to benefit the community through our combined diverse background in medicine, environmental science, business, accounting, and construction. However, my monthly student loan payment is significantly greater than our mortgage payment. My husband and I would like to relocate to Craig, but my more than two hundred thousand in student loans causes us to be very cautious with our choices.

From my perspective, SB139 would be a powerful incentive to draw pharmacists to the great state of Alaska. I have witnessed much legislation that is well intentioned, but often a significant portion ends up benefiting or rewarding those who have not necessarily made the hard choices. In contrast, I personally found SB139 to be distinctive and very encouraging. The reason for this is twofold. First, SB139 will attract medical professionals to Alaska and rural areas in particular, thus benefitting those who live in those areas and are often underserved. Second, SB139 will actually assist those who have made the continuous rigorous sacrifices of time, energy, and finances to enter the medical profession in an effort to give of themselves in the service of others.

Thank you for your time and consideration!

Sincerely,

Julie M^cDonald

Jule Me Jonald

From: Sharon Montagnino [smontagnino@sunshineclinic.org]

Sent: Thursday, March 18, 2010 10:21 AM

To: Rob Earl

Subject: HB 392 Good solution for health care workforce strategy

Representative Herron

As executive director for the Sunshine Community Health Center, I cannot tell you how valuable a loan repayment and incentive program is to recruiting potential medical and dental providers.

Sunshine has been actively recruiting for a dentist now for 14 months and while there are other obstacles (i.e. licensing for one) that hamper our efforts, loan repayment has become the number one question asked by candidates. In addition to our dental vacancy, we have been recruiting for a medical provider and the last three candidates said loan repayment was critical in their choice of employment.

While AK certainly has a lot of offer we cannot compete with clinics and centers in the lower 48 if the playing field is not level. One-way to make this happen to approve a loan and incentive program in Alaska.

I urge you to support this bill because without it there is the potential of clinics closing or scaling back hours due to no providers/staff (happened in S.E. when dentist retired and there was no replacement).

Sincerely,

Sharon Montagnino HC 89 Box 8190 Talkeetna, AK 99676

To:

Donna Phillips [donnaphill@acsalaska.net] rom: ent:

Monday, March 22, 2010 6:53 PM

Rob Earl

Please support loan repayment for health care professionals Subject:

Representative Herron

I have been an RN in hospital facilities for the past 31 year. I have spent 15 years in AK caring for the critically ill AK citizens and visitors to this state. Many of my new nurse colleagues come out of school with several thousands of dollars in school loans. The only facility that I am aware of that helps with loan repayment is the ANMC. It would help to keep the students educated in AK to stay in AK if they would get loan repayment assistance. I like this bill because the cost to the state is as the professional completes a certain length of time, they then receive payment.

Many states and facilities offer competitive loan repayment programs in order to get professionals to work in their state.

I urge you to look at this bill closely for securing the health care future for the state. Thanks.

Sincerely,

Donna Phillips PO Box 1178 Girdwood, AK 99587

Nikoosh Carlo

From: drobbins@gci.net on behalf of Doris Robbins [drobbins@gci.net]

Tuesday, March 23, 2010 12:23 PM

Rep. Tammie Wilson; Rep. Wes Keller; Rep. Bob Herron

Cc:Rep. Lindsey Holmes; Rep. Sharon Cissna; Rep. Paul Seaton; Rep. Bob LynnSubject:Support for HB 392 INCENTIVES FOR CERTAIN MEDICAL PROVIDERS

Co-Chair Herron, Co-Chair Keller, Vice-Chair Wilson, House HSS Committee,

RE: HB 392 INCENTIVES FOR CERTAIN MEDICAL PROVIDERS

For several election cycles I have watched us lose more professionals who treat patients for their illnesses one-on-one and in auxiliary roles as well. Support for physicians and medical professionals to practice in Alaska is so long overdue. We have a crisis in interior Alaska!

The lack of proper care resulted in my daughter, who has very good insurance, being rushed through a quick clinic, being told that she just had a virus and to go home and treat it with fluids and rest. A week later, no better, she went back again. She went back for additional treatment, was handled quickly, and given some kind of antibiotic as she continued to cough and become more weak.

Finally, she wrangled an office visit with a physician in an outlying area through a family contact. He examined her thoroughly to find that she had been trying to function with walking pneumonia and had developed damage to one lung. She was required to have bed rest with antibiotics and inhalers, and then was restricted to only very minimal activity, as necessary to prevent the loss of her job, so that her lung could heal. She, having deteriorated from lack of early care, had more antibiotics, inhalers and months of reexams and repeated X-rays to make sure her lung healed. This is a lady who has completed the Fairbanks Equinox Marathon at least 5 mes, so it wasn't because she was a softie!

This is one reason that we must act to make physicians and other medical professionals work in Alaska. Remember that Alaska serves a large number of military dependents that add to our patient population. It is no longer only those who are on Medicare. We have a critical shortage for a conglomerate of reasons. Typically, an appointment for someone who is currently ill, not a check-up, has a 6-week wait. If you get very ill, rather than have a regular patient go into emergency for a "temporary patch job" your doctor will likely try to get you in where someone cancelled or between appointments during his lunch time.

Please pass HB 392 so that over time we will have some improvements in our situation.

Thank you,

Doris Robbins

1281 Overhill Dr. Fairbanks AK 99709 (907) 374-0597 drobbins@gci.net



From: Mabel Smeltzer [mmses@kpunet.net] ent: Monday, March 22, 2010 6:13 PM To:

Rob Earl

Subject: Request that you please support HB392

Representative Herron

We need to retain our providers in order to give the care that is needed and to support caregivers. There is a shortage of practitioners in Alaska which hinders adequate health care that is needed.

We urge you to vote in favor of this bill in order to fill the vacancies that exist throughout the area and bring medical care to the community.

Please vote your support of HB392

Sincerely,

Mabel Smeltzer 2729 Tongass Ave Apt 304 Ketchikan, AK 99901

From:

Marguerite Stetson [mstetso1@alaska.edu]

Sent:

Thursday, March 18, 2010 11:29 AM

To:

Rob Earl

Subject:

Health Care Loans to providers

Representative Herron

As I understand it, this HB 392 would provide loans to providers in order to attract more providers to Alaska.

It is apparent that there is a problem now in accessing care when you are on Medicare.

I would support this bill to help ease the problem of care.

Sincerely,

Marguerite Stetson 1810 Ponds Cir Anchorage, AK 99507



Resolution 2009-2 In support of Incentives for Certain Medical Providers as proposed in Senate Bill 139 April 14, 2009

This resolution is based on the 2005 Commonwealth North study entitled "Alaska Primary Health Care: Opportunities and Challenges."

Commonwealth North:

Encourages and promotes the establishment of incentives to bring more qualified Medical professionals to Alaska.

Requests all state legislators to approve authorizing legislation in Senate Bill 139; and

Forwards this resolution to all members of the Alaska State Legislature, Governor Sarah Palin, and Alaska's congressional delegation.

Resolved for the following reasons:

- 1. There are critical health manpower shortages in both our urban and rural areas
- 2. The State of Alaska is in competition with over forty states who already offer similar programs
- 3. Without this incentive, it will be difficult for Alaska to compete for medical and health professionals
- 4. Multiple millions of dollars are being spent annually in Alaska to have temporary health professionals from Outside fill our current needs
- 5. Current and potential future shortages can be identified in specific specialties including family practice physicians, internists, nurse practitioners, physician's assistants, nurses and clinical support health manpower areas such as physical therapist, x-ray and laboratory technicians

Approved by the Commonwealth North Board of Directors April 14, 2009

David Wight, Presider



Alaska Primary Care Association Board of Directors

RESOLUTION 2009-02

Health Care Professions Loan Repayment and Incentive Program for Alaska

WHEREAS the Alaska Primary Care Association strives toward the goal of a healthy population, it recognizes that a robust health care workforce is necessary to provide adequate health care access for all Alaskans and is a key ingredient in improving the public health of all Alaskans; and

WHEREAS Alaska is competing with other states and nations for the finite pool of available health care professionals; and

WHEREAS Alaska is suffering from labor shortages in most professional health care occupations¹, and these shortages are hitting primary care "safety net" agencies particularly hard; and

WHEREAS most of the State of Alaska has been designated either a Health Professional Shortage Area or a Medically Underserved Area;² and

WHEREAS a common state-level response to these pressures is the use of financial inducements, collectively known as support-for-service programs (SFSPs), and good outcomes have been achieved with these;³ and

WHEREAS national studies have determined loan repayment and incentive programs to be two of the most effective of the several SFSP strategies in terms of both recruitment and retention; and

WHEREAS a key problem is that Alaska does not have a robust SFSP while most other states do, many have several, and further, some of those are growing;⁵ and

WHEREAS most all other states have state-sponsored SFSPs that influence health professionals' geographic and specialty distributions;⁶ and

WHEREAS it is well-established that many health care professionals carry a heavy debt-burden as they come out of training and are attracted to serving in those locations where a share of that burden can be taken away; and

Alaska Primary Care Association

... uncompromising in the pursuit of access to primary care for all Alaskans.

WHEREAS for areas in the state where providers are required to work in professional isolation due to remote settings, direct incentives are needed to attract more experienced health care providers who do not carry debt and are considered desirable placements; and

WHEREAS considerable precedent exists for state-level offices to sponsor and manage financial support and inducement programs to thus encourage the within-state service of health care personnel; and

WHEREAS in 2006, the Alaska Physician Supply Task Force recommends a number of specific strategies and action steps to assuring an adequate supply of physicians to meet Alaska's need, including creation of a SFSP, and the 2007 Alaska Workforce Vacancy Study and the 2005-2006 Status of Recruitment Resources and Strategies (SORRAS II) point to the need for a state loan repayment and incentive program in order for Alaska to compete with the lower 48 to recruit from a limited pool of numerous types of health care providers nationwide; and

WHEREAS a concept proposal submitted to the Alaska Primary Care Council by Pat Carr, Chief Health Planning and Systems Development for the Department of Health and Human Services, concludes the following:

Reported increasing vacancy rates, increasing costs of recruitment [SORRAS report], and comparisons with national norms [PSTF report] suggest that Alaska currently experiences a shortage of healthcare professionals, and, that shortages exist in several key occupational categories. Loan repayment programs have demonstrated substantial and longstanding success as a public strategy which has helped to rectify such shortages; and

 $\begin{tabular}{ll} \textbf{WHEREAS} the above proposal recommends that "Alaska create a 'Health Care Professions Loan Repayment Program.' "$^8 \end{tabular}$

THEREFORE BE IT RESOLVED that the Alaska Primary Care Association supports the creation of a state-sponsored "Health Care Professions Loan Repayment and Incentive Program" and will advocate for the necessary authorizing and fiduciary legislation.

SUBMITTED BY:

Regan Mattingly, State Affairs Coordinator Shelley S. Hughes, Government Affairs Director Marilyn Kasmar, Executive Director

Alaska Primary Care Association

"... uncompromising in the pursuit of access to primary care for all Alaskans."

DONE AND DATED THE 21st DAY OF January IN THE YEAR 2009

SIGNED BY

Sonia Handforth-Kome, APCA Board President

¹ Alaska Health Workforce Vacancy Study Research Summary. University of Alaska. August 2007.

http://nursing.uaa.alaska.edu/acrh/index_downloads/workforce_summary_final.pdf.

US Department of Human Services, Health Resources and Service Administration. Health Professional Shortage Area. http://hpsafind.hrsa.gov/.

³ Health Care Professions Loan Repayment Program Concept Proposal. Pat Carr, Chief Health Planning & Systems Development, Alaska DHSS. September 11, 2007. http://www.hss.state.ak.us/primarycare/assets/loanproposal.pdt.

⁴ Ibid.

⁵ Ibid.

⁶ ibid.

⁷Health Planning & Systems Development, Alaska Department of Health & Social Services. Health Care Professions Loan Repayment Program Concept Proposal, September 11, 2007. 8 Ibid.

Mat-Su Health Foundation Resolution to Support Health Care Professions Loan Repayment & Incentive Program for Alaska

WHEREAS the Mat-Su Health Foundation's mission is to enhance the health of Alaskans living in Mat-Su, where health is in part determined by access to primary, behavioral, and dental care and preventive services;

WHEREAS an adequate healthcare workforce is necessary to provide this access, and according to the 2005-2015 Mat-Su Borough Health Plan, Mat-Su has an "inadequate number of providers to meet the demands of a growing population" in both the core area and the outlying rural areas of the borough;

WHEREAS Mat-Su is designated a Medically-Underserved Area/Population by the U.S. Health Resources and Services Administration and has sub-regions designated Primary Care Health Professional Shortage Area, Mental Health Professional Shortage Area, and Dental Care Health Professional Shortage Area; ii

WHEREAS the Mat-Su Borough is the fastest growing area of Alaska, growing from 5,188 in 1960 to 82,515 in 2008 due to both positive birth and in-migration rates; and the AK Department of Labor projects that all Mat-Su age groups will continue to grow through 2020;ⁱⁱⁱ

WHEREAS the Mat-Su Borough is experiencing one of the highest rates of population growth in the state among senior citizens, who use the healthcare system disproportionately more than any other age group; and the Alaska Commission on Aging reports Mat-Su's senior growth rate at 11.6%, which includes a net gain from a senior in-migration rate that is almost double its senior out-migration rate;¹

WHEREAS the Alaska Health Care Commission has designated Medicare-access as one of its six focus areas; and the University of Alaska Anchorage Institute of Social and Economic Research has reported that access to primary care for Medicare beneficiaries is problematic in Mat-Su, where data reveals that only 57.7% of Mat-Su primary care physicians will see new Medicare patients;

WHEREAS the Mat-Su Health Foundation believes that an investment in the education of Mat-Su residents will help to build the healthcare workforce of the future and an engaged citizenship with a higher capacity to address the health-related challenges impacting Mat-Su and Alaska; and to this end has offered scholarships to help defray the cost of higher education and encourage Mat-Su residents to complete a degree or certificate program that emphasizes health and/or wellness; but also recognizes that more needs to be done to bolster the healthcare workforce in Mat-Su and Alaska;

WHEREAS Mat-Su Regional Medical Center has spent \$6,238,438 on contract labor over the last five years on temporary health professionals from outside the state to fill current needs;

WHEREAS Alaska is competing with other states for the finite pool of available health care professionals; and over 40 states currently offer Support-for-Service Programs (SFSPs) that have influenced health professionals' geographic and specialty distributions;

WHEREAS national studies have determined loan repayment and incentive programs to be two of the most effective strategies in terms of both recruitment and retention; vi



WHEREAS without this incentive, it will be challenging for Alaska to compete for medical and health professionals, especially to work in rural areas;

BE IT THEREFORE RESOLVED that the Mat-Su Health Foundation promotes and advocates for the establishment of the Health Care Professions Loan Repayment & Employment Incentive Program to bring more qualified medical professionals to Alaska and will advocate for the necessary authorizing and fiduciary legislation.

Approved by the Mat-Su Health Foundation Board of Directors on January 18, 2010.

Deborah Prator, President

²⁰⁰⁵⁻²⁰¹⁵ Mat-Su Borough Health Plan. Information Insights. January 2006.

http://www.matsugov.us/planning/index.php@option_com_content&view/article&id/69:mayors-blue-ribbon-taskforce-on-torming-a-health-and-social-service-board&catid/29:health-and-human-services-board<emid/20147#.

ⁿ U.S. Department of Human Services, Health Resources and Service Administration. Health Professional Shortage Area. http://datawarehouse.hrsa.gov/GeoAdvisor/shortagedesignationadvisor.aspx.

^mMatanuska-Susitna Borough. Alaska Department of Labor, Division of Research & Analysis. http://laborstats.alaska.gov/cgi/databrowsing/localAreaProfileQSResults.asp?geogArea/0204000170&population/census/data-Population&B1-View-Report.

[&]quot;Alaska State Plan for Services FY2008-FY2011. Alaska Commission on Aging. June 2007. http://www.hss.state.ak.us.acoa/documents/statePlanFinalFY08_FY11.pdf.

Whow Hard Is It for Alaska's Medicare Patients to Find Family Doctors? University of Alaska Anchorage Institute of Social and Economic Research. UA Research Summary No. 14. March 2009. http://www.hss.state.ak.us/healthcommission/200905/iser_doctors.pdf

^{vi} Health Care Professions Loan Repayment Program Concept Proposal. Pat Carr, Chief Health Planning & Systems Development, Alaska DHSS. September 11, 2007. http://www.hss.state.ak.us.primary.care.assets.loan-proposal.pdf.