

Alaska's SHARP Council
Motion passed by Council – December 20th, 2017
Topic:

Document: Council Resolution
From: Tom Chard, Chair; Jeannie Monk, Vice Chair
Version: Passed - final
Derivation: Resolution passed in Quarterly Business Meeting
When: December 20th, 2017, in Council
Topic: SHARP-3 – request to expedite

In a publicly noticed Business Meeting of December 20th, 2017, Council passed the following resolution based on considerations of program effectiveness and efficiency.

Motion: 1st by Jeannie Monk, 2nd by Rachel Gearhart
Passage: Motion passed unanimously

Resolution: Council strongly requests that the DHSS Commissioner intercede in, expedite, and offer guidance in the SHARP-3 regulations development process. There appears to be a question of statutory authority. Council Chair will convey this recommendation via letter to the Alaska DHSS Commissioner.

Rationale: The demand for SHARP-3 continues to grow system-wide. For instance, the National Association of Social Workers-Alaska is now passing its own resolution supporting SHARP-3. This increase has been driven by employer factors (e.g., competition for clinicians nationwide), and clinician factors (e.g., growing education loan debt). Thus Alaska must accelerate creation of new support-for-service alternatives. The service system has increasingly focused on the SHARP-3 concept as a key answer.

Many stakeholders now view the SHARP-3 regulations process as unacceptably stuck. Council formally endorsed the SHARP-3 concept on 6/23/15 and again on 5/16/17. The regulations package was submitted to the Department of Law on 7/17/17, but over five months has now lapsed. While the cause of this delay is not clear, it is possible that a different statutory authority may be required. Opinion leaders are asking: What is the best way to get the needed statute? (a) One option is to amend an existing statute (e.g. AS 18.29). (b) Another option is to create a whole new statute, even if this requires a statute as complex as that for SHARP-II (i.e., AS 18.29). If bill language is introduced for this session then that must occur by 2/19/17.

SHARP – Alaska's Healthcare Workforce Incentive Program
<http://dhss.alaska.gov/dph/healthplanning/pages/sharp/>





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SHARP Advisory Council

State statute (AS 18.29.015(c)) specifies that the SHARP-II Program will be administered by the Commissioner of the Department of Health & Social Services in consultation with an advisory council appointed by the commissioner. The statute requires that the council be "made up of members with health care expertise, including expertise in economic issues affecting the hiring and retention of health care professionals in the state."

› SHARP-II Regulations: 7 AAC 24.710 - 760. Advisory Council.

The current advisory council consists of 15 voting members and four non-voting ex-officio members. The council meets at least quarterly and meetings are open to the public.

Voting Members:

- › Eric Boyer, Co-Chair, Alaska Mental Health Trust Authority, 1-year term
- › Rachel Gearhart, Co-Chair, National Association of Social Workers Alaska, 463-3303, 1-year term
- › Jeannie Monk, Vice Chair, Alaska State Hospital and Nursing Home Association, 586-1790, 3-year term
- › Wendy Smith, Alaska Academy of Physician Assistants, 2-year term
- › Joann Rieselbach, Alaska Commission on Post-Secondary Education, 465-6676, 3-year term
- › David Logan, Alaska Dental Society, 563-3003, 3-year term
- › Jerry Jenkins, Alaska Behavioral Health Association, 317-9655, 2-year term
- › James Harvey, Alaska Department of Labor and WFD, 1-year term
- › James Welsh, Alaska Family Medical Residency Program & Providence, 3-year term
- › Kimberly Strong, Alaska Native Health Board
- › Juliann Pico, Alaska Native Tribal Health Consortium, 2-year term
- › Jane Erickson, Alaska Nurses Association, 274-0827, 1-year term
- › Molly Gray, Alaska Pharmacists Association, 563-8880, 2-year term
- › Liza Root, Alaska Primary Care Association, 227-7913, 1-year term
- › Rachel Gearhart, National Association of Social Workers Alaska, 1-year term
- › Gloria Burnett, University of Alaska, College of Health, 786-6705, 3-year term

Ex-officio Members:

- › Rick Calcote, Alaska Division of Behavioral Health, 269-3617
- › Jill Lewis, Alaska Division of Public Health
- › Laura Brooks, Alaska Department of Corrections, 269-7392
- › Vandana Ingle, Mat-Su Health Foundation

Advisory Council:

The Council is a key source of guidance regarding effective outreach and marketing to potential Sites and potentially interested clinicians, is a key source of feedback on both process and impact. The Council makes informed recommendations to the SHARP Program and DHSS leadership regarding support-for-service. SHARP recognizes the importance of communication with stakeholders for this program, and defines the Council as a main formal way by which this will occur. The Council's role has been further codified by State of Alaska adoption of regulations attendant to the HB-78 statute. The Council's role as specified in statute is to:

The Council meets about six times per year. The current Council Current officers:

- › Co-Chair: Eric Boyer (Alaska Mental Health Trust Authority)
- › Co-Chair: Rachel Gearhart (National Association of Social Workers Alaska)
- › Vice Chair: Jeannie Monk (Alaska State Hospital and Nursing Home Association)

Current member-agencies & websites:

- › Alaska Commission on Post-Secondary Education

Office of Healthcare Access

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- › Alaska Dental Society
- › Alaska Mental Health Trust Authority
- › Alaska Native Health Board
- › Alaska Native Tribal Health Consortium
- › Alaska Nurses Association
- › Alaska Pharmacists Association
- › Alaska Primary Care Association
- › Alaska State Hospital & Nursing Home Association
- › Alaska State Medical Association
- › Division of Behavioral Health, Alaska DHSS
- › Division of Public Health, Alaska DHSS
- › United Way of Anchorage
- › University of Alaska — Health Programs

SHARP Council Member Statements - 2018

Following are SHARP Council Member Statements on:

SHARP Program Successes to date, and Need for SHARP-3

- › Alaska Academy of Physician Assistants
- › Alaska Behavioral Health Association
- › Alaska Commission on Post-Secondary Education
- › Alaska Dental Society
- › Alaska Department of Corrections
- › Alaska Division of Behavioral Health
- › Alaska Mental Health Trust Authority
- › Alaska Native Health Board
- › Alaska Native Tribal Health Consortium
- › Alaska Nurses Association
- › Alaska Pharmacists Association
- › Alaska Primary Care Association
- › Alaska State Hospital and Nursing Home Association
- › Alaska Workforce Investment Board (DOLWFD)
- › Mat-Su Health Foundation
- › National Association of Social Workers-Alaska Chapter
- › Providence Health Systems & Alaska Family Medical Residency Program
- › University of Alaska, Health Programs

Council Governance

Enabling statute (HB-78) specified the role of the Advisory Council, which follows:

- › The program shall be administered by the commissioner in consultation with an advisory body appointed by the commissioner. The advisory body is made up of members with health care expertise, including expertise in economic issues affecting the hiring and retention of health care professionals in the state. Members of the advisory body serve at the pleasure of the commissioner to provide recommendations for and oversight and evaluation of all aspects of the program. The commissioner shall accept a recommendation of the advisory body on a matter pertaining to the identification and monitoring of areas of shortages, eligible sites, payment priorities, or evaluation of the program, unless the commissioner finds, in writing, that the recommendation cannot be financially or otherwise supported by the department.

Operational regulatory language further codified Advisory Council processes and rules of order, which follows:

- › **Advisory body membership (7 AAC 24.710)**
The advisory body consists of 15 members representing professional associations, health care sites, and health care professions training sites. One of the 15 members is an expert in economic issues affecting the hiring and retention of health care professionals in the state. Three of the 15 members are at-large members, who are experts needed for particular issues that may arise during the administration of health care professions loan repayment & incentive program.
- › **Advisory body duties (7 AAC 24.720)**
The advisory body shall:
 - (1) provide recommendations for and oversight and evaluation of all aspects of the program;
 - (2) review and comment on any proposed program initiatives;
 - (3) review and comment on any ongoing program activities; and
 - (4) assist in formulating policies for the program.
- › **Advisory body meetings (7 AAC 24.730)**
 - (a) Two-thirds of the individuals currently appointed as voting members constitute a quorum to convene the advisory body and conduct business.

(b) The advisory body shall meet at least quarterly and shall hold an annual meeting, at which time the advisory body shall elect officers and confirm the dates and locations for the next three quarterly meetings.

(c) The advisory body shall conduct public meetings in accordance with the 2011 edition of *Robert's Rules of Order Newly Revised*.

› **Appointments & terms of advisory body members (7 AAC 24.740)**

(a) Advisory body members will be appointed for staggered 3-year terms.

(b) A member of the advisory body shall serve until a successor is appointed.

(c) An appointment to fill a vacancy on the advisory body is for the remainder of the unexpired term.

(d) An advisory body member who has served all or part of two successive terms may not be reappointed to the advisory body unless three years have elapsed since the person has last served on it.

(e) The body shall select a chair & a vice-chair from its members to serve one-year terms.

› **Advisory body ex-officio nonvoting members (7 AAC 24.750)**

The commissioner shall appoint ex-officio nonvoting members as needed to support the goals of the program and the work of the advisory body.

› **Removal of advisory body members (7 AAC 24.760)**

(a) Members of the advisory body serve at the pleasure of the commissioner. The commissioner may terminate a member's service for the member's

(1) misconduct;

(2) bias, including

(A) subverting the purposes of the program while representing the advisory body;

(B) taking positions in the name of the advisory body or program without the support of the advisory body, or promising, without the support of the advisory body, to support positions or programs of other entities in the name of the advisory body or program;

(3) failure to disclose a conflict of interest as required under this section; or

(4) missing three consecutive meetings.

(b) A member with a substantial financial interest in an official action must declare the financial interest and request to be excused from voting. The chair will make a final determination on a request by a member to be excused from voting due to a conflict of interest. The advisory board may override a ruling by the chair on a majority vote.

(c) If the chair determines that a member has a conflict of interest, that member must file a written disclosure form with the department describing the matter.

(d) A member shall inform the chair of potential conflicts of interest valued at more than \$5,000 annually if the interest is related to health care system income affecting the member or the member's immediate family. In this subsection,

(1) "health care system income" means income from a health care industry job; In

this paragraph, "health care industry job" includes health care professional clinical, non-clinical, and administrative jobs;

(2) "member's immediate family" means the member's spouse, children, parents, and siblings.

SHARP Strategic Plan, and Annual Operating Priorities

› Edition-1: 2014-2015

› Edition-2: 2015-2020

How to contact the Advisory Council

Questions and comments for the SHARP Advisory Council should be directed to Robert Sewell, SHARP Program Manager, Sharp.Inquiry@alaska.gov.

Contacts	Accessibility	Public Notices	Staff	Alaska Pioneer Homes	Health Care Services	Public Health
				Alaska Psychiatric Institute	Juvenile Justice	Seniors & Disabilities Services
				Behavioral Health	Office of Children's Services	Substance Misuse and
				Finance & Management	Public Assistance	Addiction Prevention

Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Nurses Association
Representative	Jane Erickson
Membership	Voting Member
Email Address	jane@aknurse.org
Occupation Categories	Healthcare Workforce Overall
Practice Setting Types	Hospitals, Clinics, & Nursing Homes

Experience Thus Far

Occupations To-Date	RN, NP, Midwife
Practitioner Contracts #:	48
Practice Sites: Examples	AISU, API, BBAHC, DOC, KIC, Maniilaq, MSHS, PeaceHealth, Prov, PMC, YKHC
Regions Thus Far	Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date	Despite producing many home-grown RNs and APRNs, Alaska faces continual difficulties in recruitment & retention of our healthcare workforce, especially in rural and remote communities. SHARP 1 and SHARP 2 programs have been successful in awarding 48 contracts to nurses to work in areas of extreme need by providing financial incentives through student loan repayment, thus increasing access to healthcare across our state. Many nurses, who would not have otherwise worked in remote Alaska, enjoy their experience and stay, becoming part of the community permanently. SHARP provides strong incentive to work in these areas with people that greatly need their nursing expertise.
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Need for SHARP-3

Alaska's population is rapidly aging and experiencing rising rates of chronic disease. At the same time, our healthcare workforce shortage continues to increase, and RNs and APRNs are burdened by substantial educational debt. SHARP-3 is critically needed to continue to place nurses in under-served areas of our state. The need is great for nurses to work in our remote healthcare clinics and hospitals, and that need is ever-increasing. With a focus on recruitment and retention, the benefits of SHARP-3 will greatly impact the health and welfare of communities statewide, building community-level investment and ownership, increasing access to healthcare services, and producing positive health outcomes in our communities.

Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Academy of Physician Assistants
Representative	Denise Coslett
Membership	Voting Member
Email Address	dcoslett@SouthcentralFoundation.com
Occupation Categories	Medical and Behavioral Healthcare
Practice Setting Types	Hospitals, Clinics, & Nursing Homes

Experience Thus Far

Occupations To-Date	Physician Assistants
Practitioner Contracts #:	21
Practice Sites: Examples	AISU, ANHC, API, BFC, Cross Road, Iliuliuk, Mat-Su, NSHC, SCF, SEARHC, Sunshine, TCC
Regions Thus Far	Anchorage, Interior, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date

A core purpose of the physician assistant profession when it began 50 years ago was to expand access to healthcare services for underserved populations. The Code of Ethics of the Alaska Academy of Physician Assistants includes the following statement: "Physician Assistants shall deliver health care services to health consumers without regard to sex, age, race, creed, socio-economic and political status." The Alaska SHARP Program has provided a crucial support system to help retain 21 physician assistants in areas of high medical need in Alaska.

Need for SHARP-3

The recent drastic loss of state SHARP 2 funding poses a threat to the ability of underserved communities to retain mission driven physician assistants struggling to repay their school loans. The success of the SHARP 3 model is critical to retaining physician assistants in high medical needs communities of Alaska by allowing physician assistants to fulfill their core missions in responding to the needs of the underserved in Alaska.

Alaska's SHARP Program

SHARP Council – Member Statement

Organization Representative Alaska Behavioral Health Association
Tom Chard, Chair

Membership Voting Member

Email Address tom@alaskabha.org

Occupation Categories Behavioral Healthcare

Practice Setting Types Hospitals, Clinics & In-Community

Experience Thus Far

Occupations To-Date Psychiatrist, Psychologist, LCSW, LPC, LMFT, PA and NP with Psy Specialty

Practitioner Contracts #: 83
Practice Sites: Examples ACMHS, AICS, API, BBAHC, CCS, CODI, Copper River, DOC, NSB, Providence, SCF

Regions Thus Far Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date The SHARP Loan Repayment Program has helped provide access to healthcare throughout Alaska for over 10 years. To date, the program has supported over 250 health care practitioners operating in 57 sites across the state. That support for service translates into thousands of Alaskans getting access to the health care they need. Indian Health Service beneficiaries, Veterans, Medicaid beneficiaries, Medicare recipients, Alaskans in rural and remote communities, and those seeking specialty care have all benefited from the SHARP program.

Need for SHARP-3 The original SHARP program started as a Federal-State collaboration. State Legislators and other leaders in healthcare improved the program by creating a version that works better here in Alaska. Now in its third iteration, the SHARP-3 concept envisions a PUBLIC-PRIVATE PARTNERSHIP that offers all the benefits of the original program, adds greater flexibility for practitioner participation, and DOES NOT REQUIRE ANY STATE GENERAL FUNDING.

Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Commission on Post-Secondary Ed
Representative	Joann Rieselbach
Membership	Voting Member
Email Address	joann.rieselbach@alaska.gov

Occupation Categories	Behavioral Healthcare
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Practice Setting Types	Hospitals, Clinics & In-Community
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Experience Thus Far

Occupations To-Date	Healthcare Workforce Overall
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Practitioner Contracts #:	254
Practice Sites: Examples	All Healthcare Sites

Regions Thus Far	All Regions of Alaska
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Testimony

SHARP's Success To-Date	As the state's higher education agency, the Alaska Commission on Postsecondary Education (ACPE) is directly aware of the financial benefits SHARP offers individuals with high student loan debt from its receipt of payments on behalf of program participants. SHARP not only provides financial relief through education loan repayment, it also incentivizes healthcare professionals to work in Alaska in areas with high healthcare needs. Program data shows SHARP has improved the recruitment and distribution – and even retention – of healthcare providers in the state.
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Need for SHARP-3	The Alaska Dept. of Health & Social Services reports a state shortage of dentists, general surgeons, psychiatrists, and pediatricians, among other health professions. Given there are no in-state training programs leading to many of these professions, it is challenging to recruit and retain healthcare providers to fill the state's workforce needs. The challenge is compounded by competition from other states for qualified practitioners. Stakeholder feedback has confirmed the value of support-for-service programs. By developing a sustainable loan repayment program, like that proposed in the SHARP-3 model, Alaska can position itself to not only fill healthcare gaps, but also address the increasing costs of education and rising student loan debt.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Dental Society
Representative	David Logan
Membership	Voting Member
Email Address	dlogan@akdental.org
Occupation Categories	Dental Health

Practice Setting Types	Clinics and Hospitals
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Experience Thus Far

Occupations To-Date	Dentists, Dental Hygienist
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Practitioner Contracts #:	37
Practice Sites: Examples	AICS, AISU, ANHC, BBAHC, EAT, ICHC, PCHSA, SCF, SEARHC, Sunshine, TCC, YKHC

Regions Thus Far	Anchorage, Gulf Coast, Interior, Mat-Su, Southeast, & Southwest
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Testimony

SHARP's Success To-Date	The Sharp program has been instrumental in placing dental personnel at Tribal facilities
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Need for SHARP-3	Expansion of the SHARP program to include SHARP-3 will help facilitate placement of additional healthcare providers in locations that would be otherwise under-served.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Pharmacists Association
Representative	Molly Gray
Membership	Voting Member
Email Address	akphrmcy@alaska.net
Occupation Categories	Medical Healthcare
Practice Setting Types	Hospitals, Clinics, & Nursing Homes

Experience Thus Far

Occupations To-Date	Pharmacists
Practitioner Contracts #:	19
Practice Sites: Examples	AISU, ANHC, ANMC, ASNA, BBAHC, NSHC, PeaceHealth, SCF, SEARHC, WhaleTail, YKHC
Regions Thus Far	Anchorage, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date	SHARP Program has helped attract and retain qualified pharmacists in positions in every region of Alaska. Many of these participants are still employed in Alaska after the expiration of their initial SHARP contracts. SHARP allows employers to attract highly qualified practitioners with support-for-service initiatives.
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Need for SHARP-3	SHARP-3 proposal provides a flexible approach to practice sites wishing to utilize loan repayment and support-for service initiatives to attract and retain qualified personnel. Sites which would have previously be ineligible to participate in SHARP-1 or SHARP-2 would now be eligible to participate in SHARP-3. Inclusion of administration fees will address the problem of SHARP administration budget funding deficits. SHARP program relieves administrative burdens for support-for-service initiatives from the end users, making it more attractive for potential employer participants in the program.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Mental Health Trust Authority
Representative	Kathy Craft
Membership	Voting Member
Email Address	kcraft@alaska.edu
Occupation Categories	Behavioral Healthcare and Workforce Overall
Practice Setting Types	Healthcare Workforce Overall

Experience Thus Far

Occupations To-Date	Physician, Pharmacist, Psychologist, LCSW, PT, LMFT, LPC, PA, NP, RN, Midwife, Dentist, RDH
Practitioner Contracts #:	254
Practice Sites: Examples	ACMHS, API, ASNA, BBAHC, BRH, Railbelt, NSHC, Peacehealth, Providence, PMHC, YKHC
Regions Thus Far	Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date	SHARP has provided recruitment and retention strategies through support for service opportunities and efforts throughout urban, rural and remote locations. While my specific focus has been behavioral health, inter-professional and interdisciplinary teams supported by SHARP employer host sites is critical in working with the whole person. I also appreciated the special behavioral health solicitation which bolstered the number of behavioral health practitioners throughout the state.
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Need for SHARP-3	SHARP 3 will allow industry/employers and philanthropic groups an opportunity to fund and partner in an effort to recruit, hire and train health professionals. By design, SHARP 3 opens up the type of employer and employee and location that may participate with the tax credit benefits allowed. By design, this should increase the number of employer and employee participants resulting in increased access and number of beneficiaries served.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Native Health Board
Representative	Kimberley Strong
Membership	Voting Member
Email Address	kstrong@searhc.org
Occupation Categories	Healthcare Workforce Overall
Practice Setting Types	Hospitals and Clinics, esp. Tribal Health

Experience Thus Far

Occupations To-Date	Physician, Pharmacist, Psychologist, LCSW, PT, LMFT, LPC, PA, NP, RN, Midwife, Dentist, RDH
Practitioner Contracts #:	135
Practice Sites: Examples	AISU, ANTHC, ASNA, BBAHC, EAT, KIC, NSHC, Copper River, SCF, SEARHC, SVT, TCC, YKHC
Regions Thus Far	Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date	We believe that the SHARP Program, in its current state, is an extremely effective incentive program to entice providers and clinical staff to join and stay with our organization. It has proven to be an effective marketing tool on the recruiting side as it is an additional benefit that Health Care Facilities can promote as part of the recruitment package.
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Need for SHARP-3

Alaska has a persistent and significant healthcare worker shortage and many rural and remote communities struggle to maintain any semblance of regular healthcare. Healthcare professionals are incurring large amounts of student loan debt and the competition among employers to find and employ qualified professionals throughout the US is extremely difficult. Often times prospective professionals are lured elsewhere for financial reasons. In order to become more competitive, Alaska must develop multiple pathways to recruit and retain a solid, reliable, and committed workforce in the public and private sectors. The Sharp III program aims to lay the groundwork for creating pathways to successful placement of health care providers in Alaska

Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Native Tribal Health Consortium
Representative	Matthew Ione
Membership	Voting Member
Email Address	mgione@anthc.org
Occupation Categories	Healthcare Workforce Overall
Practice Setting Types	Hospitals and Clinics, esp. Tribal Health

Experience Thus Far

Occupations To-Date	Physician, Pharmacist, Psychologist, LCSW, PT, LMFT, LPC, PA, NP, RN, Midwife, Dentist, RDH
Practitioner Contracts #:	135
Practice Sites: Examples	AISU, ANTHC, ASNA, BBAHC, EAT, KIC, NSHC, Copper River, SCF, SEARHC, SVT, TCC, YKHC
Regions Thus Far	Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date	Since the inception of the State of Alaska SHARP program the Alaska Native Tribal Health Consortium (ANTHC, at ANMC) has had four (4) providers participate in the program; two of the providers received extensions on their loan repayment program. The ANTHC providers who participated in the program are a Radiologist, Ophthalmologist, Emergency Room Physician, and Pharmacist.
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Need for SHARP-3	Continued advocacy on both state and federal levels for any new dollars that can be allocated to the program to assist employers with funding for interested applicants resulting in tailored employment packages to increase recruitment efforts for historically hard-to-fill health care positions.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization Representative Membership Email Address Occupation Categories	AK Primary Care Association Liza Root Voting Member lizar@alaskapca.org Medical, Dental & Behavioral Health
Practice Setting Types	Clinics, esp. Primary Care at CHCs

Experience Thus Far

Occupations To-Date Practitioner Contracts #: Practice Sites: Examples Regions Thus Far	Physician, Pharmacist, Psychologist, LCSW, LMFT, LPC, PA, NP, RN, Midwife, Dentist, RDH <div style="text-align: right;">124</div> AICS, ANHC, BFC, ICHC, Illuliuk, KCHC, Mat-Su, NSHC, PCHSA, Seward, Sunshine, SVT, TCC Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, & Southwest
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Testimony

SHARP's Success To-Date	SHARP has been successful in serving as the main state program to support placement of a range of providers in many hard to place organizations and communities, using loan repayment as incentive. For Alaska Community Health Centers, SHARP is an important tool for recruiting and retaining qualified and dedicated health professionals to support improved continuity and quality of care and increased Health Center sustainability. Additionally, SHARP serves as a unique and important focal point for discussion and policy on health workforce in Alaska.
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Need for SHARP-3

SHARP 3 will provide an important conduit for private and community support of health workforce recruiting and retention in Alaska communities. Alaska Community Health Centers would anticipate that a range of partnerships could develop between providers and organizations that include local hospitals, tribal entities, local governments, and philanthropic organizations eager to ensure the placement of a provider in their communities. As competition for providers continues to increase due to retirements, growth in demand, and a potentially shrinking pool of eligible candidates, providers and communities may see SHARP 3 as an opportunity to gain a competitive edge. SHARP 3 is a complement to SHARP 1. At the same time, we would hope that as state fiscal conditions improve that SHARP 2 could be a priority for reinstatement at some level.

Alaska's SHARP Program

SHARP Council – Member Statement

Organization Representative Membership Email Address Occupation Categories	AK State Hospital & Nursing Hm Assoc Jeannie Monk, Vice Chair Voting Member jeannie@ashnha.com Medical and Behavioral Healthcare
Practice Setting Types	Hospitals, related Clinics, & Nursing Homes

Experience Thus Far

Occupations To-Date Practitioner Contracts #: Practice Sites: Examples	Physician, Pharmacist, Psychologist, LCSW, LMFT, LPC, PA, NP, RN, Midwife, PT 91 ANMC, API, ASNA, BBAHC, BRH, CDV-CMC, NSHC, Peacehealth, Providence, PMC, YKHC
Regions Thus Far	Anchorage, Gulf Coast, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date	The SHARP program is helping Alaska's hospitals to ensure an adequate supply of healthcare providers and is an important tool to help with recruitment and retention. SHARP-2 has supported non-tribal, small rural hospitals who are not eligible for other loan repayment programs. Participating clinicians can work in a greater variety of healthcare sites, in varied types of practice, are not confined to HPSA locations, and have longer (three-year) service contracts.
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Need for SHARP-3	SHARP-3 will support a variety of practice settings, locations (especially those not eligible as a HPSA or other federal programs) and provider types. We need use whatever tools are available to support healthcare organizations to recruit and retain employees. SHARP-3 will expand the use of federal tax exemption for education loan repayment and enhance the number and variety of financial contributors. There is a need to give local control to allow communities to designate funds to support recruitment of providers. SHARP-3 utilizes the existing SHARP infrastructure while maximizing contributions from local communities or foundations.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Division of Behavioral Health
Representative	Rick Calcote
Membership	Ex-Officio Member
Email Address	rick.calcote@alaska.gov
Occupation Categories	Behavioral Healthcare
Practice Setting Types	Hospitals, Clinics & In-Community

Experience Thus Far

Occupations To-Date	Psychiatrist, Psychologist, LCSW, LPC, LMFT, PA and NP with Psy Specialty
Practitioner Contracts #:	83
Practice Sites: Examples	ACMHS, AICS, API, BBAHC, CODI, Copper River, DOC, NSB, Providence, SCF, ICHC
Regions Thus Far	Anchorage, Gulf Coast, Interior, Mat-Su, Northern, Southeast, Southwest & Statewide

Testimony

SHARP's Success To-Date	SHARP 1 and 2 have met or exceeded all program goals. Since its inception SHARP has been able to place over 200 hard-to-fill health-care positions with over 30 different employers around the state, especially those operating in needful rural areas. Over 30% of these professionals are in the behavioral health field. The available data clearly indicates that SHARP recipients are responsible for a high volume of client contacts. As well, the SHARP program has resulted in an overall increase in employer revenue and a decrease in employer costs, especially those related to employment of Locum Tenens. Most importantly preliminary data suggests that the program may meet or exceed the nationally recognized percentage for long-term retention of program recipients.
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Need for SHARP-3	Based on the consistent success of the SHARP program to build and sustain the healthcare workforce in Alaska, the Division of Behavioral Health strongly supports implementation of SHARP-3. The new model will allow for the expansion of eligibility, especially new locations, new occupations and new employers. The SHARP-3 concept will also allow for enhanced funding through public-private partnerships. This has the potential to pull in non healthcare related businesses that wish to support workforce needs for the betterment of all Alaskans. Most importantly SHARP-3 will help to flexibly meet workforce needs in all areas of the state. The SHARP-3 model will also provide for adequate funding of administrative costs which has always been problematic under SHARP 1 and 2.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Department of Corrections
Representative	Laura Brooks
Membership	Ex-Officio Member
Email Address	laura.brooks@alaska.gov
Occupation Categories	Medical, Dental & Behavioral Health
Practice Setting Types	Correctional Facilities

Experience Thus Far

Occupations To-Date	RN Nurse, LPC
Practitioner Contracts #:	5
Practice Sites: Examples	Spring Creek Prison, Anchorage CC, DJJ-Bethel
Regions Thus Far	Anchorage, Gulf Coast & Statewide

Testimony

SHARP's Success To-Date	The Sharp program has helped the Department of Corrections recruit and retain five (1 complete contract and 4 active contracts) in the Sharp program. We have also had a number of other employees apply or express interest in applying for the Sharp program. This program has been an integral part of our recruitment and retention efforts in the Provider, Nursing, Dental, and Mental Health fields.
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Need for SHARP-3	The Department of Corrections is interested in expanding into the Sharp 3 program in order to continue to partner with Health & Social Services and community supporters in our recruitment efforts. Without the support of the Sharp program the DOC would not be able to offer student loan repayment opportunities to our employees. The department has difficulty recruiting due to the national shortages and challenges of working with a vulnerable and underserved population. This program would help DOC continue to competitively recruit highly qualified staff to provide quality care to individuals during incarceration. Providing care to this population is important for the overall health within Alaska's communities.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	AK Department of Labor - AWIB
Representative	Allison Blastock
Membership	Voting Member
Email Address	allison.blastock@alaska.gov
Occupation Categories	Healthcare Workforce Overall
Practice Setting Types	Healthcare Workforce Overall

Experience Thus Far

Occupations To-Date	Healthcare Workforce Overall
Practitioner Contracts #:	254
Practice Sites: Examples	All Healthcare Sites
Regions Thus Far	All Regions of Alaska

Testimony

SHARP's Success To-Date	We know that the healthcare sector has been, even in an economic downturn, growing in Alaska. The SHARP program has been a successful tool in meeting Alaska's increasing healthcare industry's workforce needs. I appreciate how SHARP works with healthcare industry educators and employers to identify and help meet and maintain occupational and regional staffing priorities.
-------------------------	--

Need for SHARP-3	In order to continue to build on SHARP's success, SHARP-3 must adopt new funding mechanisms. Reduced state funding is a challenge that many programs are currently facing, and SHARP 3 is a novel approach to attain the funding necessary to continue its work in recruiting high demand healthcare professionals to Alaska, and keeping them here.
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Alaska's SHARP Program SHARP Council – Member Statement

Organization	Mat-Su Health Foundation
Representative	Vandana Ingle
Membership	Ex-Officio Member
Email Address	vingle@healthymatsu.org
Occupation Categories	Healthcare Workforce Overall
Practice Setting Types	Healthcare Workforce, esp in Mat-Su

Experience Thus Far

Occupations To-Date	Physician, Pharmacist, Psychologist, LCSW, LMFT, LPC, PA, NP, RN, Midwife, Dentist, RDH
Practitioner Contracts #:	31
Practice Sites: Examples	AK Fam Srv, CODI, DFS, MSHS, Prov-Mat-Su, SCF, and Sunshine
Regions Thus Far	Mat-Su Region

Testimony

SHARP's Success To-Date	<p>The Mat-Su Health Foundation (MSHF) has been providing healthcare workforce scholarships for over 10 years. In 2017, MSHF awarded \$721,400 to 128 college or college bound students, and 23 vocational scholarships totaling \$68,636. We have also provided Leadership Development scholarships for training programs that build a stronger nonprofit sector in the Mat-Su Valley by providing grants and scholarships to executive, boards, and managers through the Certificate in Nonprofit Management and Catalyst for Excellence, and Triple Impact Leadership program, offered by. MSHF contributed \$25,000 spread over three years, 2017, 2018, and 2019, in support of the SHARP program, specifically for Mat-Su Behavioral Health Clinicians. The Foundation is committed to filling gaps in the Mat-Su healthcare workforce and believes that loan repayment is an important tool in our efforts.</p>
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Need for SHARP 3

Workforce development is the key driver in all three focus areas, that represent the major work of the Mat-Su Health Foundation. Of the 25 occupations expected to grow the most in Alaska, 18 are related to healthcare. As the Mat-Su grows, so does the need for highly trained and educated healthcare workforce. The Mat-Su Behavioral Health Environmental Scan: Report 2 indicated that recruiting and retaining an effective behavioral health workforce is difficult in states with large rural populations like Alaska. Both Alaska and Mat-Su are designated, "federal

mental health shortage areas” with only 23 percent of need met in Alaska. The top reasons mentioned by providers for empty positions were limited qualified workforce and inability to offer competitive wages/benefits. Employers are not able to retain employees due to burn out and again inability to offer competitive wages/benefits. Data was the driving force for MSHF to fill the gap in support of the SHARP Program. SHARP 3 is a great model that includes public and private partnership, with expanded loan repayment, partnership funding, and a standard program administration fee. This strategy is to expand practitioner and site eligibility as a result increasing the number and variety of health professional who participate. The SHARP-3 program will play a critical role in recruitment, retention and distribution of health professionals for Alaska.

Alaska's SHARP Program

SHARP Council – Member Statement

Organization	National Assoc. of Social Workers AK
Representative	Rachel Gearhart
Membership	Voting Member
Email Address	Roach808@hotmail.com
Occupation Categories	Behavioral Healthcare
Practice Setting Types	Hospitals, Clinics, & Nursing Homes
<u>Experience Thus Far</u>	
Occupations To-Date	LCSW
Practitioner Contracts #:	25
Practice Sites: Examples	ACMHS, AICS, BBAHC, CCS, CDV, SCF, CODI, Iliuliuk, JAMHI, KIC, PCHS, Prov
Regions Thus Far	Anchorage, Gulf Coast, Interior, Mat-Su, Southeast, & Southwest

Testimony

SHARP's Success To-Date SHARP has allowed 25 Licensed Social Workers across the state to provide quality and consistent care to a wide variety of clients. Social workers have the unique opportunity to serve clients in many settings; hospitals, community behavioral health settings, crisis management settings, schools, chemical dependency treatment settings, in geriatrics and in child protective settings. Social workers are not trained to do one specific job task - social workers help people through the worst and the best times of their lives; see the smallest details and the big picture. SHARP's success for those 25 social worker contracts in the state have directly impacted individuals who will, in turn, impact the state's overall health.

Need for SHARP-3 SHARP-3 will increase the availability for social workers to benefit from SHARP even if they live in areas or agencies that are not supported by SHARP-I or II yet serve important populations or in vital service areas. Social workers are a valuable profession to attract and retain in this state as they are a cost-effective service provider with a variable skill set.

Alaska's SHARP Program

SHARP Council – Member Statement

Organization	Providence & AK Family Med Residency Prog
Representative	Harold Johnston
Membership	Voting Member
Email Address	harold.johnston@providence.org
Occupation Categories	Medical and Behavioral Healthcare
Practice Setting Types	Hospitals and Clinics

Experience Thus Far

Occupations To-Date	Physician, LCSW, LPC, NP, PT, RN, and Psychologist
Practitioner Contracts #:	12
Practice Sites: Examples	Prov-Anchorage, Prov-Mat-Su, Prov-Kodiak and Prov-Valdez
Regions Thus Far	Anchorage, Gulf Coast, Mat-Su & Statewide

Testimony

SHARP's Success To-Date	Sharp has been an outstanding benefit to us in recruiting much-needed providers. Without SHARP we would have lost a psychiatrist this year. Psychiatrists are among the most difficult to recruit providers in Alaska. SHARP has been a resounding success, and should continue and expand. Without it Alaska will further erode our ability to recruit and retain providers.
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Need for SHARP 3	SHARP 3 is essential for us to be able to continue recruitment of providers. Primary care in rural areas, including Valdez and Kodiak are very challenging recruitments. Loan repayment under the SHARP 3 program will have a marked effect on improving recruitment and retention. Many businesses are prepared to invest in loan repayment, if they can get the support offered by SHARP 3. Providence and the Alaska Family Medicine Residency strongly support the development of SHARP 3.
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Alaska's SHARP Program

SHARP Council – Member Statement

Organization	University of AK, College of Health
Representative	Gloria Burnett
Membership	Voting Member
Email Address	gburnett3@alaska.edu
Occupation Categories	Healthcare Workforce Overall
Practice Setting Types	Healthcare Workforce Overall

Experience Thus Far

Occupations To-Date	Healthcare Workforce Overall
Practitioner Contracts #:	254
Practice Sites: Examples	All Healthcare Sites
Regions Thus Far	All Regions of Alaska

Testimony

SHARP's Success To-Date SHARP provides an incentive for UA graduates to practice in rural and underserved settings throughout the state. The majority of students are studying in urban settings. Their clinical experience does not always provide them exposure to rural and underserved populations. In turn, they do not consider the possibility of rural practice. The SHARP program serves as a tool to direct UA graduates to a multitude of opportunities to practice in some of the most unique healthcare settings in the nation. Without the SHARP program, these students may very well turn to similar programs in other states or resist exploring opportunities in rural Alaska.

Need for SHARP-3 Most students enrolling in the UA system rely on financial and student loans in order to attend the classes they need to earn healthcare degrees. Oftentimes, this results in students graduating with burdensome debt and no real plan for paying it off. The SHARP program is discussed with students as they embark on their higher education journey. The SHARP program is needed in order to keep our graduates in state working with our most underserved populations. Living and working in rural Alaska is not easy. The recruitment and retention difficulties are staggering. Without SHARP, these facilities will lose the key tool they have to recruit UA graduates from the urban centers.



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Corrections

HEALTH AND REHABILITATION SERVICES
Anchorage Central Office

550 West 7th Avenue Suite 1800
Anchorage, Alaska 99501
Main: 907.269.7300
Fax: 907.269.7310

March 18, 2019

SHARP Council
Co-Chair Eric Boyer
Co-Chair Rachel Gearhart

Dear Co-Chairs,

I am writing this letter of support for the SHARP 3 Program. The Alaska Department of Corrections has been hit hard by the nursing and provider shortages in our communities. We have facilities across the state for which qualified health care staff are needed.

The SHARP programs thus far been very beneficial to us as recruitment and retention tools. We have found great value in the SHARP program and SHARP 3 will provide valuable state infrastructure without additional state general funds and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs).

95% of people incarcerated in the Alaska Department of Corrections will return home. The care they receive while in custody increases the likelihood of successful reintegration back into our communities – and that can only be done with resources such as qualified nurses, doctors, PAs and ANPs, mental health clinicians and dentists. SHARP improves our options and increases our ability to recruit and retain quality staff.

DOC plans to continue to utilize SHARP programs and we look forward to seeing the program grow.

Respectfully,

A handwritten signature in black ink, appearing to read "Laura M. Brooks".

Laura M. Brooks, MS, LPA
Deputy Director
Health & Rehabilitation Services
Alaska Department of Corrections



Alaska Pharmacists Association

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March 18, 2019

SHARP Council

Eric Boyer and Rachel Gearhart, Co-Chairs

Dear Co-Chairs Boyer and Gearhart:

The Alaska Pharmacists Association (AKPhA) is proud to support the Alaska SHARP Program, which helps recruit and retain healthcare workers for the state by using a creative, loan repayment system.

While the opportunities in Alaska are exceptional, we do not have advanced schooling available for all fields in healthcare and we want to encourage practitioners to either return to our state or make Alaska their home once they have achieved their degrees. By helping offset the financial burden of student loans, we are able to attract practitioners to some of the remotest parts of our state and help improve patient access to needed healthcare services in the process. Over 30 pharmacists have participated in this program to date, and they join a multitude of others who have benefited from this system.

It is important to note that the SHARP I and III Programs, as outlined, do not rely on state funding and instead leverage contributions from employer sites, federal health professional shortage area dollars, and private contributions to meet its goals.

SHARP is truly a winning proposition for all—patients, practitioners and the state. We encourage the Alaska legislature to continue its support of this valuable program.

Sincerely,

Molly Gray
Executive Director

E-mail: akphrmc@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880



Administration
4300 Bartlett Street
Homer, AK 99603
907-235-0325 (f)907-235-0253

South Peninsula Hospital
4300 Bartlett Street
Homer, AK 99603

March 15, 2019

SHARP Council
Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs,

Please accept this letter of support for SHARP 3.

Alaska's SHARP program, as a recruitment and retention tool, has been vital to our organization. South Peninsula Hospital firmly believes in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. With SHARP 3 there is a clear ability to expand loan repayment and partnership funding, while establishing a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a requirement for SHARP-1.

As such, our Hospital is prepared to utilize SHARP 3 as soon as it is available; finding that the 100% match requirement is not a barrier, in that we can utilize our community partnerships to fund this match how we see fit.

We're eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Woodin", written over the typed name and title.

Joseph L. Woodin
Chief Executive Officer
South Peninsula Hospital

March 14, 2019

SHARP Council

Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs:

Please accept this letter of support for SHARP 3.

SHARP, as a recruitment and retention tool has been vital to our ability to recruit and retain medical providers at PeaceHealth Medical Center in Ketchikan Alaska. I, personally, benefitted greatly from the SHARP program assisting me to finally complete full payment of my remaining student loans. This assistance from the state of Alaska is a key reason I have stayed in the state providing care. Since the state does not have its own medical school and has limited opportunities for advanced practice nurse training in specialties, it is critical that Alaska offers good reasons for talented, experienced providers to come to Alaska. Nearly all who consider relocation to our state must leave family, friends and many conveniences behind to consider coming to the state. The SHARP program helps make this move an easier consideration. Our hospital and clinics firmly believe in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. With SHARP 3 there is a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a require for SHARP 1.

As such, our agency is prepared to utilize SHARP 3 as soon as it is available; finding that the 100% match requirement is not a barrier, in that we can utilize our community partnerships to fund this match how we see fit.

We're eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Respectfully,

Patricia J. Thornton, CNM, MS



March 13, 2019

SHARP Council
Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs:

Please accept this letter of support for SHARP 3.

SHARP, as a recruitment and retention tool has been vital to our group, Providence Medical Group Alaska (PMGA). We firmly believe in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. With SHARP 3 there is a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a require for SHARP 1.

As such, our agency is prepared to utilize SHARP 3 as soon as it is available; finding that the 100% match requirement is not a barrier, in that we can utilize our community partnerships to fund this match how we see fit.

We are eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Respectfully,

A handwritten signature in black ink that reads "Thomas J. Yetman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Thomas J. Yetman, MD
Chief Executive
Providence Medical Group Alaska

To Whom It May Concern,

I was born and raised in Alaska and while my education and travels took me elsewhere, I chose to return home to begin my practice. When I decided to begin work as a mental health provider I chose to come back to Alaska as a way to serve and to grow myself as a professional. I specifically chose my position, and clinic location based on SHARP program eligibility. Supporting this program does make a difference in attracting and retaining qualified providers to serve Alaska.

The SHARP program has been very beneficial to me individually, and has had a major part in the decision-making process of where I have chosen to work and what communities I have chosen to serve. I highly encourage any legislator or policy maker to consider the value that the SHARP program brings to the State of Alaska. The benefit is tangible to those who are both in service to our communities, and to those who are being served by us.

Zan Whitman, ANP



P: (907) 424-8000 | F: (907) 424-8116
P.O. Box 160 | 602 Chase Ave., Cordova, AK 99574-0160

SHARP Council
Co-Chairs Eric Boyer & Rachel Gearhart

3/13/19

Dear Co-Chairs:

Please accept this letter of support for SHARP 3.

SHARP, as a recruitment and retention tool has been vital to our hospital. Cordova Community Medical Center firmly believes in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. With SHARP 3 there is a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a require for SHARP 1.

As such, our agency is prepared to utilize SHARP 3 as soon as it is available; finding that the 100% match requirement is not a barrier, in that we can utilize our community partnerships to fund this match how we see fit.

We're eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Respectfully,

Scot Mitchell, FACHE
Chief Executive Officer

SM:fwj



Alaska Primary Care ASSOCIATION

March 12, 2019

SHARP Council
Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs Boyer and Gearhart:

The Alaska Primary Care Association (APCA) supports the operations and development of Alaska's 27 Federally Qualified Health Centers (FQHCs). Together with the leaders of the FQHCs in this state, we strongly support Senate Bill 93 to establish the SHARP III program.

In 2017, Alaska Community Health Centers served the primary health care needs of over 113,000 Alaskans – that's 1 in 7 of us. But, Health Center leaders constantly grapple with vacant healthcare clinician positions in their clinics. There is a statewide dearth of health professionals – especially in our hardest-to-fill rural community health positions.

The SHARP support-for-service program, including loan repayment and longevity payments, has made a tremendous positive difference in Health Centers' ability to attract and retain qualified healthcare professionals in these critical positions. Over the years Alaska's Community Health Centers have continued to benefit from the SHARP program. In 2018 alone 80 out of the 105 candidates who were awarded into the SHARP I program were practicing in Community Health Centers. SHARP has been successful in serving as the main state program to support placement of a range of providers in many hard to place organizations and communities, using the loan repayment incentive. For Alaska Community Health Centers, SHARP is an important tool for recruiting and retaining qualified and dedicated health professionals to support improved continuity, quality of care and increased Health Center sustainability.

APCA and FQHCs appreciate the SHARP Council's innovative thinking in contributing to the solutions of the healthcare workforce shortage issues in Alaska. The concept of SHARP III being privately funded (no State of Alaska funds) means that loan repayment and longevity incentives can be expanded to more practitioner types and more clinical sites across Alaska. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like FQHCs, who participate.

SHARP 3 will offer a valuable state infrastructure, without additional state general funds, and will provide the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a requirement for SHARP 1 as well as expand the provider types that are eligible for loan repayment. Alaska's Community Health Centers are prepared to utilize SHARP 3 as soon as it is available. We're eager to continue the momentum of SHARP and to support workforce development efforts in Alaska.

Alaska's Community Health Centers firmly believe in the value of the SHARP program to provide improved continuity of care by ensuring access to care by qualified, competent health professionals in all regions and communities of our state.

Respectfully,

Nancy Merriman
Executive Director



March 12, 2019

SHARP Council

Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs:

Please accept this letter of support for SHARP 3.

SHARP, as a recruitment and retention tool has been vital to the Alaska Dental Society. Our organization firmly believes in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. With SHARP 3 there is a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a require for SHARP 1.

As such, our organization supports the utilization of SHARP 3 as soon as it is available; finding that the 100% match requirement is not a barrier, in that employers can utilize community partnerships to fund this match.

We're eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Respectfully,

David Logan, DDS

David Logan, DDS
Executive Director, Alaska Dental Society

Trust
Alaska Mental Health
Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.nhltrust.org

March 12, 2019

Senator David Wilson
State Capitol Room 115
Juneau, AK 99801

Dear Senator Wilson:

Please accept this letter of support for SHARP 3. SHARP, as a recruitment and retention tool has been vital to our healthcare systems across the State of Alaska in securing licensed clinicians. The Alaska Mental Health Trust Authority firmly believes in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. With SHARP 3 there is a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites.

AMHTA exists specifically to improve the lives of Trust beneficiaries. Beneficiaries include Alaskan's with mental illness, drug and alcohol addiction, intellectual and developmental disabilities, Alzheimer's disease and related dementia, and traumatic brain injury. In partnership with the Department of Health and Social Services, AMHTA ensures Alaska has a comprehensive and integrated system of care to provide the necessary services and supports for beneficiaries as close to home as possible.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will support healthcare providers with the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a requirement for SHARP 1. The Trust is eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Sincerely,



Michael Abbott
Chief Executive Officer



Petersburg Medical Center

103 Frnn Street
PO Box 589
Petersburg, AK 99833

Phone: 907-772-4291
Fax: 907-772-3085

March 11, 2019

SHARP Council
Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs:

Please accept this letter of intent for SHARP 3.


SHARP, as a recruitment and retention tool has been vital to Petersburg Medical Center (PMC). PMC firmly believes in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. SHARP 3 has a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

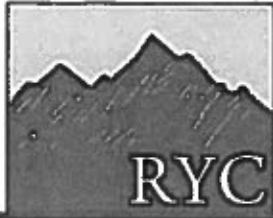
SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a requirement for SHARP 1.

As such, our agency is prepared to utilize SHARP 3 as soon as it is available; finding that the 100% match requirement is not a barrier, in that we can utilize our community partnerships to fund this match how we see fit.

We are eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Respectfully,


Philip Hofstetter, Au.D
CEO
Petersburg Medical Center



Residential Youth Care Inc.

2514 1st Ave Ketchikan, AK 99901 Phone (866)838-1861 Fax 866-848-8615 info@rycalaska.com

3/11/19

Cecillie Cody, LPC
RYC Clinical Director

SHARP Council
Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs:

I am a mental health professional and substance abuse provider, practicing in Alaska since 2008, and a recipient of the SHARP 1 program. The SHARP program has been life changing for myself and helped my agency when we were approved to be a SHARP 1 provider. I can attest that having financial support to meet the burden of student loans is a tremendous relief for the individual and helps the agency retain mental health professionals for years.

Personally, I have recouped my student loan costs upwards of \$40,000 through the SHARP 1 program, over a four year period. With the SHARP program we have been able to recruit and retain strong therapists, one who is currently a SHARP 1 recipient and a second therapist who plans to utilize the SHARP program in the next cycle. This agency benefits from being a SHARP approved provider due to the financial awards and benefits we can offer our employees.

I do believe it is time to expand the SHARP program to more practitioners and more treatment populations. I have learned with SHARP 3 there is a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a require for SHARP 1. This will only help increase the health and well being of Alaskans.

We're eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Respectfully submitted,
Cecilie Cody, MAAT, LPC
RYC Clinical Director



central peninsula behavioral health

serenity house | diamond willow | outpatient services

245 N. Binkley Suite 202
Soldotna, AK 99669

Phone: (907) 714-4521
Fax: (907) 260-4063

3/11/19

To Whom It May Concern:

This letter is intended as support for the Sharp-3 program. As a clinical psychologist I was able to participate in the Sharp program for loan repayment and the impact of this program was life changing. It incentivized me to stay in the non-profit sector and remain in Alaska. Since then I have supervised ten new masters' level clinicians, five chemical dependency counselors, and countless peer supports and volunteers. This effort has resulted in quality outpatient and residential care remaining available in our community. In addition to the impact professionally my personal life was changed by Sharp. Not being limited by outstanding debt increased opportunities for my family to expand and I became an adoptive parent.

As an employer, Sharp is an important tool for both recruitment and retention of quality employees. Three of our employees have been able to benefit from Sharp through the expanded description of providers. This has allowed us to provide our community with a stable addiction treatment program. Sharp incentivizes providers to remain in placements serving Medicaid/Medicare versus transition to the more lucrative private insurance markets. Recruitment into rural Alaska is a significant challenge and Sharp has helped us find interview candidates. I encourage you to expand the Sharp program to include a Sharp-3.

Sincerely,

Kristie Sellers, PhD
Director of Behavioral Health
Central Peninsula Hospital



UAA Alaska Center for
Rural Health and Health Workforce
UNIVERSITY of ALASKA ANCHORAGE

March, 6, 2019

SHARP Council
Co-Chairs Eric Boyer & Rachel Gearhart

Dear Co-Chairs:

Please accept this letter of the Alaska Center for Rural Health & Health Workforce- Alaska's AHEC for SHARP 3.

SHARP, as a recruitment and retention tool has been vital to participants of the Alaska AHEC Program. The AHEC is a statewide healthcare workforce development program dedicated to preparing Alaskans for careers in the healthcare field with a special focus on our most rural and underserved communities. The Alaska AHEC firmly believes in the value of the SHARP program and model in providing high quality care to our state's citizens through an equitable distribution of health professionals throughout Alaska. With SHARP 3 there is a clear ability to expand (1) loan repayment, (2) partnership funding, and (3) establish a standard program administration fee. The strategy is to expand practitioner and site eligibilities beyond the strictures of SHARP-1 and SHARP-2, and thereby increase the number and variety of health professionals and sites, like ours, who participate.

SHARP 3 provides valuable state infrastructure, without additional state general funds, and will provide us the ability to expand the benefits of SHARP to areas that are not Health Professional Shortage Areas (HPSAs), a require for SHARP 1.

As the AHEC prepares Alaskans for healthcare careers with the specialized skills and experiences necessary to practice in rural and underserved communities, SHARP 3 will provide our health profession program graduates with the incentive and support to practice in these very same communities upon successful licensure. As such, the AHEC is prepared to utilize SHARP 3 as soon as it is available by encouraging our AHEC Scholars and health program graduates to apply and commit to service to our most vulnerable populations with the greatest need for access to care.

We're eager to continue the momentum of SHARP and to support workforce development efforts in Alaska in this way.

Respectfully,

A handwritten signature in cursive script that reads "Gloria Burnett".

Gloria Burnett, MS
Director, Alaska Center for Rural Health & Health Workforce- Alaska's AHEC
907-786-6705 gburnett3@alaska.edu

3211 Providence Drive, BOC3- Suite 250, Anchorage, Alaska 99508

PROVIDENCE VALDEZ HEALTH ADVISORY COUNCIL

RESOLUTION IN SUPPORT OF SHARP III

January 23, 2019

Summary: This Resolution serves to support and bring awareness to a healthcare worker recruitment and retention program, SHARP III. SHARP III would be a budget neutral, public-private program, administered using existing State resources. As SHARP III promises to bring relief to Alaskan communities desperate to be competitive in the global market for healthcare staff, it would also decrease costs currently shouldered by local governments, philanthropic foundations, employers and recipients, due to favorable tax treatment allowed when such programs are administered by the State.

WHEREAS, Alaska's current healthcare workforce shortage is expected to worsen over the foreseeable future, and

WHEREAS, Alaskan communities are competing in the global market for scarce healthcare staffing resources, and

WHEREAS, The State of Alaska has proven through the SHARP I, and SHARP II programs that offering prospective Alaskan healthcare workers education loan assistance and other direct incentives is effective in the recruitment and retention of those healthcare workers to Alaska, and

WHEREAS, SHARP III would fill the gap between the Federally funded SHARP I program, and the State funded SHARP II program, by allowing for private sponsorship in the form of local government, philanthropic foundation, and employer support, etc., and

WHEREAS, SHARP III would open up support opportunities for more Alaskan communities and allow greater local control in the recruitment process where previous programs limited participation due to Federal rules or lack of funding, and

WHEREAS, More Alaskan dollars would stay in Alaska due to the favorable tax treatment that only a State administered program is afforded under the IRS tax code, therefore be it

RESOLVED, That Providence Valdez Health Advisory Council supports enabling legislation necessary to create a SHARP III program in the State of Alaska that would address recruitment and retention needs of healthcare workers in Alaskan communities, and be it further

RESOLVED, That Providence Valdez Health Advisory Council invites other health advisory councils, boards, or other stakeholder groups in Alaska to join in the effort to support SHARP III, and be it further

RESOLVED, That Providence Valdez Health Advisory Council encourages all State lawmakers to support enabling legislation of SHARP III, to give relief across Alaska to communities struggling to recruit and retain healthcare workers.

PASSED AND APPROVED BY THE PROVIDENCE VALDEZ HEALTH ADVISORY COUNCIL, this 23rd Day of
January, 2019

A Certified True Copy:

A handwritten signature in black ink, appearing to read "J. Daniel O'Connor", written over a horizontal line.

J. Daniel O'Connor
Chair

United Way of Anchorage

701 West 8th Avenue, Suite 230
Anchorage, Alaska 99501
tel 907.263.3800
fax 907.263.3801

LiveUnitedAnchorage.org

LIVE UNITED



July 15, 2015

Valerie Davidson
Alaska Dept of Health & Social Services
PO Box 240249
Anchorage, AK 99524-0249

RE: SHARP Council Letter of Conveyance – Support for Development of SHARP-III Program Component, Motion Passed Unanimously at June 23, 2015 Business Meeting

Dear Commissioner Davidson:

Alaska's SHARP Program provides support-for-service with loan repayment and direct incentive to selected healthcare clinicians working in our state. To date, over the last 5 years, 194 health care clinicians have served or are serving Alaskans and their communities through the SHARP public-private partnership. SHARP-I leverages federal, state, Alaska Mental Health Trust Authority, and employer funding to support recruiting and retention of primary care providers in federally designated Health Care Professional Shortage Areas. SHARP-II leverages State of Alaska General funds and employer funding to support Alaska communities with a focus on rural, remote and safety net providers.

In strategic planning sessions, the Council has identified the need for innovation to meet the increasing challenge for recruiting and retention and program sustainability. At our publicly noticed Business Meeting of June 23rd, 2015, the Council unanimously passed following motion:

The SHARP Advisory Council supports development of the proposed SHARP-III program component, with focus on Expanded Loan Repayment (element-1), Partnership Funding (element-2), and a Program Administration Fee (element-3).

The motion passed unanimously based on

- leveraging the Affordable Care Act which provides for state support-for-service program payments to health professionals to be tax free to the professional
- developing an additional lever for employers to recruit and retain health professionals funded by the employer and community partners
- developing a sustainable program with no net cost to the State of Alaska General Fund – user fees cover the cost of program administration
- leveraging existing program guidelines and processes
- expanding the range of health professional types that are eligible
- expanding the range of practice sites that are eligible
- preparing for Medicaid Expansion

Through this motion we request your support for the development of SHARP-III.

Sincerely,

Randi Sweet, Chair
SHARP Advisory Council
Alaska's SHARP Program

Attachments: P-0652 SHARP-III - Draft – 06.25.15 - Council Endorsed.pdf

cc: Jay Butler, MD, Director Public Health/Chief Medical Officer, DHSS
Pat Carr, Health Planning and Systems Development Section Chief, DHSS

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Through this motion we request your support for the development of SHARP-III.

Sincerely,

A handwritten signature in black ink, appearing to read "Randi Sweet". The signature is fluid and cursive, with a large initial "R" and "S".

Randi Sweet, Chair
SHARP Advisory Council
Alaska's SHARP Program

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