

Jerome R. George
[REDACTED]
Anchorage, Alaska 99516
[REDACTED]
[REDACTED]

January 27, 2023

SUBJ: CLOSURE OF ALASKA REGIONAL SENIOR HEALTH CARE CLINIC

Alaska Regional Senior Health Clinic abruptly closed their doors leaving a significant number of elderly Alaskans without any meaningful health care. As a patient of the clinic, a friend at the clinic confided in me that the reason for the closure was the management by Utah based non-resident absentee owners who claimed they were unable to hire the employees necessary to staff this previously successful clinic. The fact that the entire non-medical staff resigned en masse long before the actual closure would indicate a deep-seated problem. The owners conveniently blame their inability to hire qualified personnel rather than their own management practices that led to the mass resignations. The conditions that led to the mass resignations poisoned the available labor pool who were unwilling to dive into that mess. The management issues are the problem and this catastrophe should not be blamed on the labor pool that was unwilling to expose their careers to that mess.

While we can point fingers and assign blame no good comes from that exercise. We need to understand the true extent of this catastrophe and react smartly and quickly to help the elderly patients who are now without any meaningful medical care.

The fact is that the entire clinic's clientele base was on Medicare. Private medical clinics are hesitant or outright unwilling to take on Medicare patients because of the high costs of billing documentation required to get reimbursed at a rate far below the actual costs of services rendered. They lose money on Medicare patients. If a Medicare patient has supplemental insurance that pays the difference, then the clinic is forced by Medicare to accept all Medicare patients even those without supplemental coverage. It's a no-win situation created by our government that creates victims of our senior citizens and leaves them without any meaningful medical services.

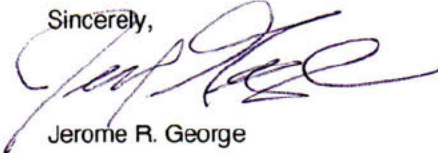
Others are trying as I have, but I have yet to be accepted at any other clinic as a full-time patient. We can go to the emergency room at a hospital but what about lab tests and monitoring of ongoing medical conditions like high cholesterol or diabetes, approve expired prescriptions so pharmacist can fill the prescription, a means to discuss prescribed drugs and quick follow-up of patient concerns about drugs and any prescription changes. What about annual checkups to detect problems and treat them before they become critical

Hundreds of Alaskan senior citizens have been tossed overboard without as much as a life jacket. When I filed a report to the State Health Department and Department of Commerce, I was told they were too overworked and understaffed to deal with such problems.

This is a serious matter that will result in unnecessary anxiety, pain, suffering and likely unnecessary deaths if not dealt with expeditiously. I urge the Governor to use emergency powers if necessary to get these disenfranchised elder Alaskans the medical care they deserve. I urge the legislature to demonstrate their support of our senior citizens by showing the Governor a path forward that has legislative support. I urge our Congressional Delegation to obtain an emergency order that does not require Congressional action that allows providers to treat Medicare patients with supplemental insurance without then having to treat all Medicare patients who do not have supplemental insurance or choose to pay the difference out of pocket. I urge the State and federal agencies to pool resources to set up a help center that will guide we disenfranchised seniors along a path that gets us access to medical treatment.

This is an ongoing catastrophe that needs immediate action, not study and hand-wringing rumination: ACT.

Sincerely,



Jerome R. George

CC: Governor Dunleavy
Senator Cathy Geissel
US Senators Murkowski & Sullivan
US Representative Peltola
State of Alaska, Commissioner of Health, Hedberg

Senate Medicare Testimony

Why should the legislature even care? Medicare goes bankrupt in 3 years and the state's contract with retired employees means that the state would be on the hook for what Medicare now pays. If reimbursement rates drop, the state is on the hook for the difference.

One easy action that would go a long way to ease the crisis is to delete the BLACKMAIL CLAUSE that requires medical providers who accept Medicare patients with supplemental insurance that pays the difference between Medicare and the actual billed charge from then having to accept all Medicare patients even those who can not pay. In my mind this is BLACKMAIL and a violation of my civil rights because it punishes me for the actions of another person. Why because I can not see the doctors I want to see because they will not take me as a patient since that requires them to take patients who can't pay their bills. Let the free enterprise system work. But don't deny me the right to see the doctor of my choice because somebody else can't pay their bills.

Alaska has lost its luster as an easy place to lure people to come work, live, and raise a family. We have learned that one of the biggest recruitment issues is our poor school systems. Families do not want to move here and enroll their children in sub par schools when they can live elsewhere with great schools. Right now there is a critical shortage of health care professionals and non-professional health care support staff in Alaska and vigorous recruitment has failed to attract people to jobs even with inflated financial offers because of the poor schools.

The University of Alaska has also failed to recruit and graduate the health care workers to fill the large vacancies we have right now.

So what the legislature does with schools and University has significant fallout on the medical services we provide.

The largest growth sector in Alaska is seniors - a group that has more significant medical needs. So this situation is going to get worse not better. And seniors have the highest percentage of voters of any age group.

Jerry George

[REDACTED]

Anchorage, Alaska 99516

[REDACTED]

March 24, 2023

Senator Cathy Giessel
State of Alaska Legislature
120 4th St.
Juneau, AK 99801

RE: Support of Senate Joint Resolution No. 10 Increase Medicare Reimbursement Rates

Senator Giessel,

I am writing this letter to support the resolution to address the significant importance and need for our federal government to raise the current Medicare reimbursement rates to meet the actual costs of care for Alaska's senior citizens.

There are many burdens seniors face in Alaska. Per the results of the AARP Alaska election poll report, in September 2022, voters over 50 expressed concerns over three significant issues: 75% Social Security, 67% Medicare, and 62% Long-term care for seniors. The Alaska Population Projections 2021 to 2050, Published June 2022, reports that Alaska seniors are increasing in number, and the category of those "65 or older are likely to grow the most (30%)" in our state by 2050.


To support our senior population's growth, reimbursement rates must be viable enough to support needed services and remain available such as access to health care providers. Workforce shortages, clinics closing, and primary care delays create more significant care needs to be addressed. Waiting for care can be a life-changing event for a senior.

Alaska provides seniors some fiscal relief through no senior taxation. Yet, this does little to close the gap of economic insecurity and increased costs at all community levels. We need support to meet the financial burden of care Medicare reimbursement rates are to support.

Please also address the penalty of a lifelong institution of a late enrollment fee to seniors that may result from an insurer's error. For example, insurers may sell senior enrollments to other companies, and the delay causes a penalty that results in lifelong fees to the recipient. There may be another example, though this process resulting in a lifelong fee does not seem fair.

Thank you for supporting Alaska's senior citizens and addressing this with our Congressional representation. Please let me know if you have any questions, and I can be reached at (907) 342-5929 or egurley@accessalaska.org.

Thank you.


Eric Gurley
Executive Director

March 15, 2023

The Honorable Kevin McCarthy
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

Dear Speaker McCarthy, Majority Leader Schumer, Minority Leader McConnell, and Minority Leader Jeffries:

On behalf of the American Medical Association (AMA) and the undersigned organizations representing the vast majority of physicians practicing in the United States, **we urge Congress to provide physicians with much needed fiscal stability by passing legislation that provides an annual inflation-based payment update based on the full Medicare Economic Index (MEI).** This inflation-based update is the principal legislative solution to the ongoing problems plaguing the Medicare Physician Fee Schedule (MFS).

The undersigned organizations, representing more than 900,000 physicians caring for tens of millions of Medicare beneficiaries, thank Congress for stepping in to ameliorate threats to Medicare physician payment over the last few years triggered by coding changes and the statutory budget neutrality requirement affecting the MFS. Unfortunately, even with these stopgap measures, physicians continue to see their Medicare payments decrease amidst record-setting inflation and rising practice costs, underscoring the need for permanent solutions. We commend Representatives Bera, Bucshon, Schrier, Burgess, Blumenauer, Wenstrup, Schneider, and Miller-Meeks for recognizing this critical need and formally soliciting information on how to stabilize Medicare physician payments late last year.

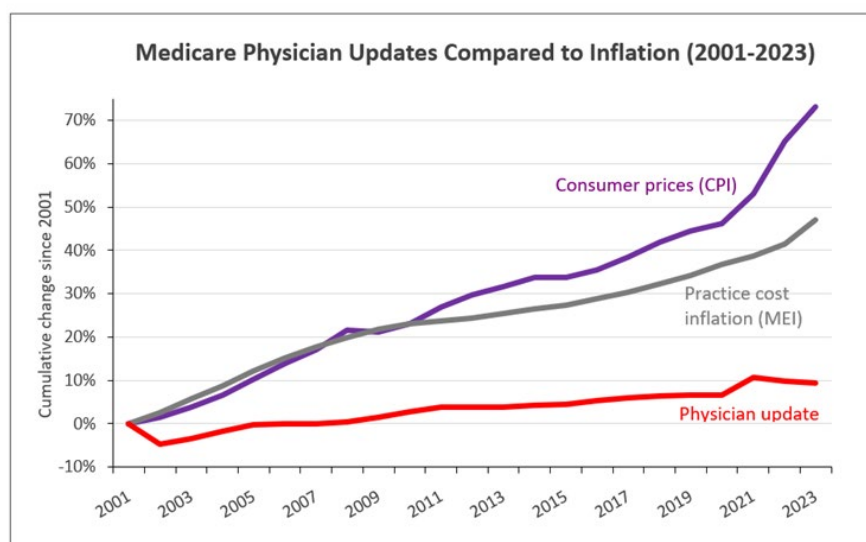
Today, the Medicare Payment Advisory Commission (MedPAC) recommended that Congress increase the 2024 Medicare physician payment rate above current law with an inflation-based payment update tied to the MEI. **We commend MedPAC for taking this significant step. However, we feel strongly that implementing an inflation-based update based on only half of the full MEI growth rate would be a missed opportunity to meaningfully address this perennial issue of Medicare physician underpayment that threatens stable access to care for millions of Medicare beneficiaries.**

MedPAC's rationale that half of MEI is sufficient because the practice expense component of physician payment accounts for approximately half of total Medicare physician payments reflects an incomplete picture. It is well understood that the practice expense component does not cover all practice costs. Furthermore, practice expense is only one component of a multifactorial formula to compensate physicians for the total costs of running a medical practice and caring for Medicare beneficiaries. Payment for physician work—the time, energy, and expertise devoted to treating patients—is no less important, also contributes to total practice expense, and is equally impacted by inflation. **Therefore, an inflation-based payment update is equally warranted for physician work and other aspects of total physician payment, all of which could be addressed by finalizing an update that is tied to full, rather than half, of MEI.**

Medicare Trustees have repeatedly expressed concern with the failure of Medicare payments to keep pace with the rising costs of running a medical practice.¹ Without change, patient access to care is anticipated to become a significant issue. According to MedPAC,² among Medicare beneficiaries looking for a new primary care physician, half had issues finding one. And among Medicare beneficiaries looking for a new specialist, one-third struggled to find one. Difficulty finding specialists in rural and historically underserved areas is worsening existing barriers to care for patients in those communities.³

Physician Payments Failing to Keep Pace with Rising Inflation and Practice Costs

Over the last 22 years, Medicare physician payments have increased just nine percent, or 0.4 percent per year on average. In comparison, the cost of running a medical practice increased 47 percent between 2001 and 2023. **When adjusted for inflation in practice costs, Medicare physician pay has effectively declined 26 percent from 2001 to 2023.**



Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office

Medical practices across the country are experiencing unprecedented financial pressures stemming from higher staffing needs, rent, liability insurance premiums, and other practice costs due to record-setting rates of inflation, the ongoing COVID-19 recovery, and significant administrative burden. At the same time, physician practices are seeing their payments eroded year-after-year due to a combination of budget neutrality

adjustments and Medicare sequestration. It is no surprise that one in five physicians are considering leaving their practice within two years due to the stress of running a medical practice, including increased financial pressures and administrative burden.⁴

Looking ahead, physicians caring for Medicare beneficiaries continue to grapple with a statutory freeze in annual Medicare physician payments until 2026, when updates resume at a rate of only 0.25 percent a year indefinitely, well below the rate of medical or consumer price index inflation. **Without an inflation-**

¹ <https://www.cms.gov/files/document/2022-medicare-trustees-report.pdf>.

² <https://www.medpac.gov/wp-content/uploads/2021/10/Tab-E-Physician-Updates-8-Dec-2022.pdf>.

³ American Association of Medical Colleges. (2021). The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. <https://www.aamc.org/media/54681/download>.

⁴ [https://www.mcpiqjournal.org/article/S2542-4548\(21\)00126-0/fulltext](https://www.mcpiqjournal.org/article/S2542-4548(21)00126-0/fulltext).

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based update, the gap between frozen physician payment rates and rising medical practice costs due to inflation will continue to widen considerably.

Physician Payments Falling Behind

Unlike nearly all other Medicare providers and suppliers, physicians do not receive an annual inflationary payment update. This compounds the financial uncertainty and budgetary challenges for our nation's physician practices, with a disproportionate impact on those that are small, independent, rural, or serving high-needs patient populations. The increasing discrepancy between what it costs to run a physician practice and actual payment, combined with the administrative and financial burden of participating in Medicare, is incentivizing market consolidation, which can increase healthcare costs.⁵

Finally, inflation adjusted ("real") growth in Medicare physician spending has been flat or declining. In fact, the increase in real MFS spending per enrollee drops to just 0.1 percent per year from 2011-2021. If we remove the temporary COVID-related measures such as the 3.75 percent conversion factor update in 2021 and sequester relief, **real MFS spending per enrollee would have actually declined four percent from 2011 to 2021.** This path is not sustainable.

Conclusion

We urge Congress to take action to address these systemic problems with the Medicare physician payment system by passing legislation providing physicians with an annual inflation-based update tied to the MEI. Congress has a real opportunity to relieve the financial strain on Medicare physicians and strengthen access to care for current and future generations of Medicare beneficiaries. We urge you to answer that call.

Thank you for your consideration.

Sincerely,

American Medical Association
AMDA - The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology- Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Academy of Sleep Medicine
American Association for Hand Surgery (AAHS)

⁵ "What We Know About Provider Consolidation." Kaiser Family Foundation. Sept. 2, 2020. www.kff.org/health-costs/issue-brief/what-we-know-about-provider-consolidation.

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American Association for Physician Leadership
American Association of Clinical Endocrinology
American Association of Clinical Urologists
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American Association of Public Health Physicians
American College of Allergy, Asthma & Immunology
American College of Cardiology
American College of Chest Physicians
American College of Emergency Physicians
American College of Gastroenterology
American College of Lifestyle Medicine
American College of Medical Genetics and Genomics
American College of Osteopathic Internists
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Institute of Ultrasound in Medicine
American Medical Women's Association
American Orthopaedic Foot & Ankle Society
American Osteopathic Association
American Rhinology Society
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Laser Medicine and Surgery, Inc.
American Society for Radiation Oncology
American Society for Reproductive Medicine
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Echocardiography
American Society of Hematology
American Society of Neuroradiology
American Society of Nuclear Cardiology
American Society of Regional Anesthesia and Pain Medicine
American Society of Retina Specialists
American Society of Transplant Surgeons
American Thoracic Society
American Urological Association
American Vein & Lymphatic Society
American Venous Forum
Association for Clinical Oncology

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Association of American Medical Colleges
Collaborate Health Partners/CVFP
College of American Pathologists
Congress of Neurological Surgeons
Endocrine Society
Heart Rhythm Society
International Society for Advancement of Spine Surgery
Medical Group Management Association
North American Neuromodulation Society
Outpatient Endovascular and Interventional Society
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society for Cardiovascular Magnetic Resonance
Society for Pediatric Dermatology
Society for Vascular Surgery
Society of Cardiovascular Computed Tomography
Society of Critical Care Medicine
Society of Hospital Medicine
Society of Interventional Radiology
Society of Nuclear Medicine and Molecular Imaging
Spine Intervention Society
The Society of Thoracic Surgeons

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Indiana State Medical Association
Iowa Medical Society
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society

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Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
Medical Society of New Jersey
New Mexico Medical Society
Medical Society of the State of New York
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society

Electronic Mail: Senator.Cathy.Giessel@akleg.gov

March 22, 2023

Senator Cathy Giessel
State Capitol Building
Juneau, AK 99801

RE: AHHA Supports SJR 10 Medicare Reimbursement

Dear Senator Giessel,

For 70 years, the Alaska Hospital & Healthcare Association (AHHA) has served as a non-profit trade association representing Alaska's hospitals, nursing homes, and other healthcare partners across the continuum of care. AHHA members play an invaluable role, both as community providers and essential employers, in cities, towns, and villages across Alaska.

AHHA is pleased to offer our support for SJR 10 to encourage Alaska's Congressional delegation and the federal government to raise Medicare reimbursement rates to meet the actual cost of care for the state's senior citizens.

AHHA is very concerned about the lack of access to primary care services for Alaskans covered by Medicare. The current reimbursement rates do not cover the actual cost of care for Alaska's seniors. AHHA members have worked hard over the years to provide care to Alaskan seniors on Medicare through supporting Medicare primary care clinics. Many physician practices are reluctant to see patients with Medicare due to the low reimbursement rates to care for people who may have complex care needs. Alaska has a rapidly growing senior population and this problem will likely get worse.

AHHA strongly supports the Senate Joint Resolution and we thank you for your advocacy on behalf of Alaska's seniors.

Sincerely,



Jared C. Kosin, JD, MBA
President & CEO

From: Cammy Oechsli Taylor [REDACTED]
Sent: Thursday, March 30, 2023 11:23 AM
Subject: SJR 10

Dear Senators,

I strongly support SJR 10. With the closing of the Regional Hospital Senior Clinic, access to Primary Care for Medicare age Alaskans (particularly for those in Anchorage) is in critically short supply.

Medicare reimbursement rates do not cover the cost of care. We hear that the cost of health care in Alaska is about 4 times higher than in the lower 48. Medicare reimbursement rates for Alaska should take that into account.

Alaska's senior population is growing faster than in most states, even though we are losing overall population. Most of us worked our entire adult careers here and have chosen to retire here. But lack of primary care is a significant deterrent to remaining in Alaska.

This problem will only get worse. In 2010 there were approximately 57,000 Medicare age folks living here. Now there are around 111,000.

Alaska seniors bring a significant cash flow into the state economy. According to the Alaska Commission on Aging and other sources, retired Alaska seniors contributed an estimated \$2.4 billion into the economy in 2014. And an examination of the costs & benefits indicates that retired seniors present a positive economic ratio of 10 to 1 for money in to cost out. We seniors are an economic asset that deserve better access to primary care. Securing higher Medicare reimbursement rates is a good step in that direction.

Thank you for your advocacy on our behalf. I hope and expect that SJR 10 will receive a unanimous vote of approval.

Cammy Oechsli Taylor
Anchorage, Alaska
Senate District I

From: Stephanie Rhoades <[REDACTED]>

Sent: Monday, March 13, 2023 5:28 PM

To: Sen. Matt Claman <Sen.Matt.Claman@akleg.gov>; Sen. Forrest Dunbar <Sen.Forrest.Dunbar@akleg.gov>; Sen. Löki Tobin <Sen.Loki.Tobin@akleg.gov>; Sen. Elvi Gray-Jackson <Sen.Elvi.Gray-Jackson@akleg.gov>; Sen. Bill Wielechowski <Sen.Bill.Wielechowski@akleg.gov>; Sen. Click Bishop <Sen.Click.Bishop@akleg.gov>; Sen. Scott Kawasaki <Sen.Scott.Kawasaki@akleg.gov>; Sen. James Kaufman <Sen.James.Kaufman@akleg.gov>

Cc: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: Urging Your Support of SJR 10

Dear Senators:

It is my fervent wish that all Senators will sign on to SJR 10 resolution. It would be imperative that at least Anchorage and Fairbanks Senators sign on, as it is clear that those over 65 Alaskans who are Medicare insureds are deserving of access to medical, particularly primary medical care. At this time, especially in Anchorage and Fairbanks, older Alaskans do not have that access. The abrupt and unethical closure of the Alaska Regional Senior Care Clinic in Anchorage, leaving only two clinics to provide primary care for seniors, has resulted in real harm. Outmigration of the young is one enormous issue Alaska faces. The other is on the tail end: those of us who are retired and have paid into Medicare all our working lives deserve to have access to care when the time comes that we need it. If that is not going to occur in Anchorage and Fairbanks, due to staffing and low Medicare reimbursement rates, then there is no reason to remain in Alaska.

Best,

Stephanie Rhoades

[REDACTED]

Anchorage, AK 99501

[REDACTED]



March 30, 2023

Senator Cathy Giessel
Alaska State Legislature
Juneau, AK. 99801
Sent via email.

Dear Senator Giessel,

The Mat-Su Health Foundation (MSHF) shares ownership in Mat-Su Regional Medical Center and invests its share of the hospital's profits back into the community through grants, scholarships and systems change work to improve the health and wellness of Mat-Su residents. I am writing today to voice strong support for SJR 10 Medicare Reimbursement Rates.

Alaska and Mat-Su have fast growing senior populations. The state's senior population grew from 54,900 in 2010 to 105,600 in 2022. Here in Mat-Su our senior population has more than doubled since 2010 and the average annualized growth rate for Mat-Su seniors is 8.3%, the highest growth in the state. Over the next ten years it will continue to accelerate as baby boomers reach their golden years.

As all of us age, our need for medical care is likely to increase and the ideal way to receive that care is with a primary care provider. That can be challenging for all residents in a state that has the fewest number of primary care providers per capita than any other state. It is even harder for our senior population. Medicare reimbursement rates are so low that the payments don't even cover the cost of providing the care. This leads many physicians to either not accept Medicare patients at all or to limit the number they accept. What this means to our senior population is that they often put off routine care because they do not have a primary care provider, or they visit hospital emergency departments with ailments that do not require that level of care. This leads to higher costs and does not help our elders maintain optimal health.

The Mat-Su Health Foundation is working in partnership with senior services and medical providers to build capacity and address service needs, but we can't do it alone. That is why we join you in encouraging Alaska's Congressional delegation and the federal government to raise Medicare reimbursement rates to cover the actual cost of care for Alaska's seniors.

Thank you for sponsoring this important resolution.

Sincerely,

President and CEO



03/30/2023

Alaska Senate Resolution

This resolution is a good start. It outlines the problems we face financially where inadequate Medicare payments are concerned. It correctly addresses the growing Senior Medicare insured population and the decreasing Medicare providers available. It speaks to the delays in obtaining necessary services resulting in over usage of urgent care clinics and hospital emergency departments. Urgent care clinics and Emergency departments were never meant to be senior care centers and as such cannot render the care seniors need. Furthermore, It increases the strain on the rest of the health care system, already badly damaged by the recent pandemic. The care for these folks cannot be disjointed. There must be continuity of care.

As to your reference to the Alaska Regional Senior clinic, it is important to note that the Senior clinic was also a victim of the pandemic and the resulting lack of staffing. Over time they became unable to continue to provide care safely and rather than have the potential to do harm, made the difficult decision to close their clinic. As mentioned in the resolution this left many folks without medical care and exacerbated a problem that already existed.

In my capacity as the Chief Medical Officer for the Anchorage Health Department, I formed a task force, along with our community partners, in an attempt to help our Medicare insured community obtain the medical care they need. This is a difficult situation in that we are trying to fix a federal issue on a local level. We have already reached out to our Senators and Representative, in D.C. **Help is not coming any time soon!** Although Alaska is being hit hard by this, we are not the only State with this problem. More States must become involved in this effort.

There is no quick fix for this. The problem is not going away. We will need to become more self-sufficient, more creative in our attempts to recruit and retain all levels of providers. We must be able to provide immediate, short-term and long-term solutions.

We need to take a closer look at why we are in this situation. We need to be sure we are looking at all of the causes. We are making assumptions and could be missing something not tied to Medicare dollars that we might be able to remedy.

Our community partners, who are able to, are accepting additional Medicare insured patients and while this is helpful, it is not enough. To be able to take care of more patients at any one clinic means more providers are needed within that same clinic, along with more staff to assist the additional providers. It means longer wait times for initial visits to establish care. In the meantime, people need medications refilled or doses adjusted, chronic health issues monitored, new problems recognized and taken care of, and so on. Let's also remember that each year more of us go on Medicare.

As I stated earlier, this resolution is a good start. More work needs to be done and I am hopeful the Legislature will help us explore additional ways to provide the care needed by our Medicare insured population.

Michael B. Savitt, M.D., CMO, Anchorage Health Department

From: Shara Sutherlin [REDACTED]

Sent: Friday, March 10, 2023 6:33 PM

To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: Alaska's hospitals are relying on Lower 48 nurses to fill empty positions. It's a costly strategy.

Dear Senator Cathy,

After months of trying to find a replacement for my healthcare team that I loved, I finally got an April appointment. Medicare patients are clearly not preferred even if their online platform indicates so-and as their limit quotas have quickly filled up. So that leaves us the main option of going to the Emergency Rooms for any care, with no continuity post visit. Is there a panel of sorts to address this need? Thank you for reading, Shara

[https://urldefense.com/v3/__https://www.adn.com/alaska-news/2022/09/04/alaskas-hospitals-are-relying-on-lower-48-nurses-to-fill-empty-positions-its-a-costly-strategy/__;!!LdQKC6s!ItM5KzZqglr_85IGRpxZ9GHqzZWWQEgUgaklOiU33NdrAivTCuTw7DnQdlznTSQJh0dFhky7Vesu6heS0q2QOX73GcpueXSh4g\\$](https://urldefense.com/v3/__https://www.adn.com/alaska-news/2022/09/04/alaskas-hospitals-are-relying-on-lower-48-nurses-to-fill-empty-positions-its-a-costly-strategy/__;!!LdQKC6s!ItM5KzZqglr_85IGRpxZ9GHqzZWWQEgUgaklOiU33NdrAivTCuTw7DnQdlznTSQJh0dFhky7Vesu6heS0q2QOX73GcpueXSh4g$)

Sent from my iPhone

From: Robert Wyatt [REDACTED]

Sent: Thursday, February 2, 2023 8:33 AM

To: Sen. Cathy Giessel <Sen.Cathy.Giessel@akleg.gov>

Subject: Senior Healthcare

With the closing of the Alaska Regional Senior Healthcare Clinic there are very few choices for other clinics or Providers that will accept new Medicare patients. As Alaska's population growth for 65+ residents is the fastest of any other age group this becomes a very serious issue. It's not uncommon for appointments for a doctor visit to be two to three months out. This puts a strain on emergency rooms which is usually the only choice for seniors requiring even the most basic of needs. I'm not sure what the State can do to alleviate this as it's a basic supply and demand issue. Perhaps extend Medicaid benefits to anyone over some age, 65, 70 or 75 that have Medicare.

Robert J. (Bob) Wyatt

Special Projects

Alaska Public Media

[REDACTED]

Cell: [REDACTED]

Fax: [REDACTED]

[REDACTED]

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