

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

February 23, 2011

1:33 p.m.

**MEMBERS PRESENT**

Senator Bettye Davis, Chair  
Senator Dennis Egan  
Senator Johnny Ellis  
Senator Kevin Meyer  
Senator Fred Dyson

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HEALTH WORKFORCE PLANNING COALITION PRESENTATION

- HEARD

OFFICE OF THE LONG TERM CARE OMBUDSMAN PRESENTATION

- HEARD

ALASKA COMMISSION ON AGING PRESENTATION

- HEARD

**PREVIOUS COMMITTEE ACTION**

No previous action to record

**WITNESS REGISTER**

JIM LYNCH, Chief Finance Officer  
Fairbanks Memorial Hospital  
Fairbanks, AK

**POSITION STATEMENT:** Presented report for Health Workforce Planning Coalition.

DELISA CULPEPPER, Chief Operating Officer  
Alaska Mental Health Trust Authority  
Alaska Department of Revenue  
Anchorage, AK

**POSITION STATEMENT:** Presented report for Health Workforce Planning Coalition.

JAN HARRIS, Vice-Provost for Health Programs  
University of Alaska Anchorage  
Anchorage, AK

**POSITION STATEMENT:** Presented report for Health Workforce Planning Coalition

DIANA WEBER, Long Term Care Ombudsman  
Alaska Mental Health Trust Authority  
Department of Revenue  
Anchorage, AK

**POSITION STATEMENT:** Presented report for Office of the Long Term Care Ombudsman.

DENISE DANIELLO, Executive Director  
Alaska Commission on Aging  
Division of Senior and Disability Services  
Department of Health and Social Services  
Anchorage, AK

**POSITION STATEMENT:** Presented report for Alaska Commission on Aging.

#### **ACTION NARRATIVE**

CHAIR BETTYE DAVIS called the Senate Health and Social Services Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Dyson, Meyer, Egan, Ellis and Chair Davis.

#### **HEALTH WORKFORCE PLANNING COALITION**

1:33:19 PM

CHAIR DAVIS announced the first order of business would be a presentation by the Alaska Health Workforce Planning Coalition.

JIM LYNCH, Chief Finance Officer, Fairbanks Memorial Hospital, said he was representing the delivery part of the health care industry. The information to be presented pertains to the health care workforce coalition, which is a volunteer coalition of different aspects of the health care industry that have come together to work on a strategic plan for the health care workforce.

CHAIR DAVIS asked if there was a list of the coalition members.

MR. LYNCH responded it was included in the plan document. He said he would speak to the industry part of the plan. The health care industry is a big part of the economy, representing about 10 percent of the workforce in Alaska, with a payroll of more than \$1.4 billion annually. The health care workforce will not be reduced by the application of technology; instead it will be increased.

Health care is predicted to show significant growth in the next decade. This trend is driven by the aging population, which has a dual impact. Workers retire, and at the same time an aging population requires more health care services. This is not unique to Alaska but we do need to address the problem.

He said that health care is a complex industry. One challenge in training the workforce is all the individual licensure rules. Every profession that requires an educational background in health has its own licensure body, with its own credentials. This is a factor they have to work within as they build training models. Shortages in the health care field are also connected to economics. In Fairbanks Memorial Hospital alone, they are spending on average \$3 million a year on short term, temporary employees. The Department of Labor (DOL) numbers show \$2.5 million in 1995, but he thinks that is understated. This critical shortage in distribution is a reminder of the diverse careers available in the field.

There are about 150 occupations in health industries, ranging from housekeepers to physicians. Most will be in demand, but each demand curve is different. The coalition has a prioritization process, and has selected a most urgent group. They have developed a very extensive partnership which is industry driven and they hope to make a real difference for these careers.

[1:44:13 PM](#)

MR. LYNCH explained there are four broad strategic categories: Engagement, train, recruit and retain. Retaining is extremely important. Recruitment from the outside to Alaska will be an equal part of the puzzle. They have to pursue both strategies.

SENATOR DYSON noted that many medical professionals are not in private practice, but rather in institutional settings which protects them from liability issues. In Texas they have passed tort reform to deal with the high cost of liability insurance.

Doctors are moving to Texas because of this. He asked if there is anything more the state needs to do on the liability issue.

1:47:37 PM

MR. LYNCH said yes, there is always more to do. The state has made positive steps forward in the last 5 or 6 years by putting some limitations on frivolous lawsuits. There are other policy issues that can be influenced, such as the practice environment. DSHS policy may make Alaska favorable or unfavorable as a practice environment.

1:50:48 PM

DELISA CULPEPPER, Chief Operating Officer, Alaska Mental Health Trust Authority, Department of Revenue, said the coalition has been working on this plan for about a year. They started developing the plan in the summer of 2009 through health forums, and they also did surveys of groups that did not have forums available. In May of 2010 the plan was presented to the workforce investment board and approved. Initial priority occupations were identified and data was compiled about health care occupations in the state to make sure that they are aware of the numbers of people needed, percentages of vacancy, and the critical nature of those occupations to ongoing health care.

1:54:31 PM

JAN HARRIS, Vice-Provost for Health Programs, University of Alaska Anchorage, said there needs to be a shared vision in order to arrive at strategies. This is a public/private industry problem to solve. Current investments in the short term are loan repayment for the health care workforce. In trying to recruit people such as doctors, Alaska is competing with states that do have loan repayment programs and are offering incentives. If you have lived in a state for 3-4 years you are much more likely to stay. The trust puts money into the loan repayment program, and the state has applied for a national health services corps loan repayment program. The trust matches federal funds, and they would like the state to match also. They also have money in the budget for a psychiatric residency program.

CHAIR DAVIS asked for dollar figures.

MS. CULPEPPER said that \$202 thousand was in the governor's budget.

CHAIR DAVIS asked if it that money had been pulled.

MS. HARRIS confirmed that it had. She noted the psychiatric residency is a program they have been studying for a few years. Private industry and others are putting money into the program, and the University of Alaska has area health education centers.

MR. LYNCH said that from the industry perspective these centers are incredibly valuable. Area health education centers are headquartered in regional hubs, and they have a three-fold mission. The most critical mission is outreach, getting young people interested in health careers. The centers manage job shadowing, internships, and try to connect with students in as many ways as possible. Industry is putting up half the money to match federal dollars, but those dollars are going to sunset.

CHAIR DAVIS asked when the federal dollars will expire.

[2:02:40 PM](#)

MS. HARRIS said two centers will get a smaller amount starting next year. There is a six year time frame for full funding, and then it slides off.

MS. CULPEPPER said she hopes the committee members get a chance to look at the plan.

CHAIR DAVIS asked if the Mental Health Board had approved the plan.

MR. LYNCH said the Alaska Workforce Investment Board, under the Department of Labor, had approved the plan. This is actually the governor's board. He noted the plan has also been endorsed by the State Hospital and Nursing Home Board of Directors, as well as the mental health trust board.

At-ease from 2:04 until 2:09

### **LONG TERM CARE OMBUDSMAN REPORT**

[2:09:09 PM](#)

CHAIR DAVIS announced the next order of business would be a presentation by the Long Term Care Ombudsman.

DIANA WEBER, Long Term Care Ombudsman, Alaska Mental Health Trust Authority, Department of Revenue (DOR), said her goal was to help the committee become aware of the long term care ombudsman program. A lot of Alaska's aging population will need this type of care. The mission of the Office of the Long Term Care Ombudsman (OLTCO) is to preserve and protect the dignity of

seniors age 60 and above in long term care. First, the authority of the OLTCO is to oversee, investigate, and resolve complaints in long term care for seniors. The federal Older Americans Act of 1965 established a pilot program for a long term care ombudsman. Every state now has a long term care ombudsman. It was originally conceived as a consumer protection program to provide paid staff, but also trained and certified volunteers, to keep an eye on what was happening with seniors in long term care facilities.

MS. WEBER said that AS 47.62 sets out the specific duties of the position, which is consistent with the federal Older Americans Act. The OLTCO is charged with investigating and resolving complaints made by or on behalf of older Alaskans in long term care, if the complaint relates to a decision, action, or failure to act by a provider or by a public agency or social service agency. The resolution of complaints can involve many strategies. The OLTCO can mediate disputes and provide better strategies. Sometimes they cannot resolve an issue, and have to ask another agency to take over.

[2:14:03 PM](#)

MS. WEBER emphasized that the OLTCO's enforcement authority is very limited. They can pursue legal or administrative remedies, but they don't have the authority to take any licensing actions or remove seniors from homes.

SENATOR DYSON asked if OLTCO should have that authority.

MS. WEBER responded the state has the right people in the right places already with enforcement authority, but it could probably use more of them because the number of complaints is rising. OLTCO's role is resolution of complaints and monitoring of the system, as opposed to enforcement.

SENATOR DYSON asked if OLTCO is not able to resolve a situation and you report this to an agency, do you get a rapid response.

MS. WEBER said yes, the response time has actually improved recently.

SENATOR DYSON asked about fraud by providers.

MS. WEBER said she did have information on fraud. The Medicaid fraud control unit has powers to prosecute fraud offenders; in fact, it is currently is prosecuting a provider on three counts of neglect of a vulnerable adult.

CHAIR DAVIS asked how many people are employed in the OLTCO office.

MS. WEBER said they have a staff of five, including herself, to serve 312 facilities. They also have 12 volunteers working in 23 facilities. Staff is stretched.

CHAIR DAVIS asked if they are able to cover all areas with the existing staff.

MS. WEBER said the staff is able do investigations and resolve complaints, but they have trouble monitoring facilities. They are supposed to monitor each facility quarterly, and they aren't able to do that.

CHAIR DAVIS asked if they were able to make one visit a year

MS. WEBER responded they have difficulty doing that, as their travel budget is minimal.

CHAIR DAVIS asked if they had requested a budget increase.

MS. WEBER responded that in the FY12 budget they asked for continuation of a onetime increment they were given last year, to fully fund two investigator positions.

2:19:55 PM

MS. WEBER explained the Older Americans Act has a broader mandate beyond investigating and resolving complaints. They are supposed to monitor facilities, advocate for vulnerable elders, and to raise public awareness of elder justice issues. The OLTCO is administratively housed in the Mental Health Trust Authority. They are advised and represented by the state Attorney General, who also ensures they are operating within the mandates of law. Their funding is a combination of federal Office of Older Americans (OAA) grants and some matching state general funds. In FY2009 they opened 14 cases a month. In the first seven months of this fiscal year they opened 30 cases a month. The division of adult protective services is also experiencing increased case loads.

SENATOR MEYER asked why the OLTCO case load has almost doubled since last year.

MS. WEBER responded she was not sure, but these are not spurious complaints. Possibly the public is more aware and knows where to report because reports are coming in.

2:22:52 PM

She noted that 90 percent of the complaints are about assisted living homes, and the top three complaints are poor medication management, falls or improper handling, and shortage of staff.

SENATOR DYSON asked if she meant a shortage of trained and competent staff.

MS. WEBER answered yes, noting that requirements for these jobs are very minimal. They have to speak enough English to reach 911 and be understood, and they have to be supervised for about three days. The only education requirements are for administrators, not care-givers. As far as the resolution of complaints, 67 percent were resolved and 23 percent had to be referred to another agency. Only one percent was not resolved to the satisfaction of the resident or complainant. She pointed out that other agencies are extremely important.

She feels that the OLTCO needs to contribute to improving the system of care by collaborating with providers. They have increased their volunteer ombudsman corps, and place them in homes where they visit once or twice a month. They have worked with providers to get them used to the idea of volunteer visits. Volunteers are trained to be courteous and respectful. They are able to identify problems and help resolve them before someone is hurt. They see a lot of improvements in homes where volunteers are placed.

2:26:41 PM

MS. WEBER said she is hoping to have as many as 50 volunteers by the end of this year, because they do lead to improvements in the homes. She noted the OLTCO has been working with DSHS to collaborate better. They are participating in DSHS licensing orientations for new administrators, so they can talk about the problems they are seeing and how to prevent them. Also, the Division of Senior and Disability Services has included them in its mortality review team, which gives them the opportunity to review deaths and investigate if something doesn't look right. They are in the governor's operating budget for FY12.

SENATOR DYSON asked if payment for assisted living home providers is too high, because it seems like a fairly

comfortable home business, but the homes look more like warehouses for seniors.

MS. WEBER replied there are many things we could do, such as revising our assisted living licensing laws, which are too lax. We could also do more to provide training for caregivers and possibly incentivize so that providers get the caregivers trained.

SENATOR DYSON stated Commissioner Streur is aware and concerned. The committee can affect the budget, but it is difficult to change regulations; the committee needs direction.

MS. WEBER answered this is an opportune time to have a long-term care plan. We have lots of studies but not a real plan that looks at all aspects.

### ALASKA COMMISSION ON AGING

[2:32:29 PM](#)

CHAIR DAVIS announced the next order of business would be a presentation by the Alaska Commission on Aging.

DENISE DANIELLO, Executive Director, Alaska Commission on Aging, Division of Senior and Disability Services, Department of Health and Social Services, said she would do an overview of the demographics of Alaska's senior population, the purpose of the needs assessments, describe findings of the senior survey and present a list of priorities for seniors' future.

The mission of the Commission is to advocate, plan, and educate on behalf of all older Alaskans, and to ensure the dignity and independence of all older Alaskans. The commission has 11 members, with seven members appointed by the governor, including six seniors. The remaining seats are designated for the DSHS, the Department of Community and Economic Development, the chair of the Pioneer Home Advisory Board, and a senior care provider.

Alaska's senior population is growing rapidly; Alaska is the state with the fastest growing senior population. People who came to the state in 1970s and 1980s are still here and planning to retire.

[2:36:28 PM](#)

The population of people 85 and over is projected to grow by 500 percent between 2000 and 2034. This growth varies by region, with the fastest growing regions being South Central, Fairbanks, and Anchorage. Over 6,000 Alaskans suffer from Alzheimer's

disease and related dementias. In the next 20 years there could be as many as 17,000. Health care costs are much higher for this population.

MS. DANIELLO said the Alaska Commission on Aging is developing the next state plan for senior services. The current plan expires on June 30, 2011 of this year. The plan meets federal requirements for the state to get funds. These funds are matched with state general funds and mental health trust funds to provide services such as the senior meal program, transportation, chore respite, information referral, and more. These funds are provided through Title 3 of the Older Americans Act (OAA). They also have funds to provide vocational training for low income seniors through Title 5 of the OAA, and funding to provide elder meals and transportation services through title 6, as well as funds for elder protection.

[2:39:35 PM](#)

MS. DANIELLO explained that a main component of the state plan is a needs assessment, which is why they conducted their efforts this year. These efforts included six community forums, a senior survey, and a provider survey. The senior survey was available in both paper and electronic formats. It was published in the Senior Voice. The Commission received 3,222 total responses from people age 50 and older, of which 2,836 came from people age 60 and over. This was not a random, statistically valid sample, but rather a sample of convenience. However, responses represented all regions of the state and all ethnicities.

By gender, more of the respondents were female. Ethnicity percentages tracked with population percentages. Fifty-six percent of respondents had lived in Alaska for more than 40 years, with 16 percent being born here.

[2:43:01 PM](#)

She also said the survey found that more than half of the seniors are happy with their community, and 59 percent said they visit their senior center at least once a month. For those who do not use the centers, 12 percent would like to but have no transportation. Twenty percent of Alaska's seniors said their monthly income is not enough to meet their needs. More than half of the respondents have household incomes of \$2,000 a month or less

[2:45:45 PM](#)

SENATOR DYSON noted that social security for a couple is usually more than \$2,000.

MS. DANIELLO replied that many of the respondents might be single, so they receive less money. Also, in rural Alaska many seniors have lived subsistence lifestyles and don't qualify for social security. Seniors were also asked if they had an illness or disability that limited their activities and 60 percent said they did. A concern of many seniors was not having a primary care doctor, with 31 percent reporting having a problem finding a doctor.

[2:49:20 PM](#)

The survey provided a list of concerns, and found that health care and financial security were at the top of the list. Seniors were satisfied with services that they used, such as adult day care and home delivered meals. They also said the state needs more senior housing and senior transportation services. The findings from the Elder/Senior Community Forums were basically the same as those of the survey. People attending the forums emphasized their appreciation for home and community-based services. These services enabled them to maintain their independence and health. Services were not always available in the rural areas, which was a concern for people in those areas. Rural forums reported an emerging problem of senior homelessness. Seniors would also like to have a one stop shop for information referral services. Many stakeholders mentioned the need for a statewide long term care plan.

[2:56:17 PM](#)

There being no further business to come before the committee, Chair Davis adjourned the meeting at 2:56 p.m.