ALASKA STATE LEGISLATURE
SENATE LABOR AND COMMERCE STANDING COMMITTEE
January 25, 2023
1:33 p.m.

MEMBERS PRESENT

Senator Jesse Bjorkman, Chair
Senator Click Bishop, Vice Chair
Senator Kelly Merrick
Senator Forrest Dunbar

MEMBERS ABSENT

Senator Elvi Gray-Jackson

COMMITTEE CALENDAR

PRESENTATION: ALASKA HOSPITAL AND HEALTHCARE

- HEARD

PRESENTATION: SOUTH CENTRAL FOUNDATION WORKFORCE OVERVIEW

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

JARED KOSIN, President and CEO
Alaska Hospital and Healthcare Association (AHHA)
Anchorage, Alaska
POSITION STATEMENT: Presented an overview titled Alaska's Healthcare Workforce "Problem."

KAREN MCINTIRE, Vice President of Workforce
Southcentral Foundation
Anchorage, Alaska
POSITION STATEMENT: Presented "Workforce Overview from the Medical Industry Perspective."

ACTION NARRATIVE

1:33:26 PM
CHAIR JESSE BJORKMAN called the Senate Labor and Commerce Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Dunbar, Merrick, Bishop, and Chair Bjorkman.

PRESENTATION: ALASKA HOSPITAL AND HEALTHCARE

1:34:05 PM
CHAIR BJORKMAN announced a presentation by the Alaska Hospital and Healthcare Association (AHHA). He invited Mr. Kosin to put himself on the record and begin his slideshow of the medical industry's workforce challenges.

1:35:48 PM
JARED KOSIN, President and CEO, Alaska Hospital and Healthcare Association, Anchorage, Alaska, presented an overview titled Alaska's Healthcare Workforce "Problem." He advanced to slide 2, which pictures a map showing Alaska locations with critical access hospitals (co-located nursing homes), rural demo hospitals/sole community hospitals, acute care hospitals, other/specialty hospitals, and standalone nursing homes. The slide contains the following description of the association:

Advancing Healthcare for Alaska

> 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 provides policy and advocacy expertise, leads and hosts opportunities for education and training, and brings together members and stakeholders for collaborative work to share data, resources, and best practices.
>
> *AHHA's mission is to advance the shared interests of Alaska healthcare to build an innovative sustainable system of care for all Alaskans.*

MR. KOSIN said the association has been in Alaska for seven years. He indicated that today's slideshow focuses on workforce challenges. All the data in the presentation flows from statistics and analyses in the Alaska Healthcare Workforce Analysis report. The Department of Labor and Workforce Development (DOLWD) provided the data for the report. The presentation will follow this outline:

1. Industry footprint
2. Worker shortage
   - Ecosystem growth / need
   - The dominant position
   - Shortages everywhere
3. The consequences
4. What should we do?

1:38:09 PM
MR. KOSIN reviewed slide 3, Industry Footprint: Healthcare. He said Alaska pays out $3 billion in direct wages, more than any sector in Alaska. The industry is responsible for 12 percent of all earnings, outpacing the military and natural resource sectors. It accounts for about 43,000 jobs, 11 percent of Alaska's workforce. The industry is second only to the retail/wholesale trade sector. Expanded to include the multiplier effect, the total impact of Alaska's healthcare sector was 75,060 jobs across the state's economy, with a total Alaska income impact of $4.4 billion in 2021.

MR. KOSIN said the association would not argue against the assertion that these statistics are a double-edged sword due to the high cost of healthcare. He announced this presentation focuses on workforce shortages, not healthcare costs. He said the industry has a lot of jobs available because there is a lot of need, emphasizing the jobs pay well. The positions are essential to Alaska's economy and will provide young people with challenging, well-paid career opportunities.

1:39:25 PM
MR. KOSIN reviewed slide 4, Ecosystem Growth / Need. Every healthcare position in Alaska is projected to grow, and the array of jobs is much broader than just doctors and nurses.

MR. KOSIN likened the healthcare workforce to an ecosystem, stating hospitals employ doctors and nurses, as well as maintenance workers, orderlies, food workers, delivery workers, and clinical and non-clinical jobs. The whole operation suffers if any position is understaffed. Patients and visitors will not

get food if the cafeteria is understaffed; it will shut the hospital down. The same goes for staff that changes linens. If rooms fail to be changed, patients will be stuck waiting for a bed in the emergency room, creating a ripple effect until rooms are ready. He said the healthcare industry has opportunities for everybody, not just doctors and nurses. The workforce ecosystem is critical to comprehend because the healthcare industry expects to add 4,500 new jobs over the next ten years, more than any other sector in Alaska. The industry experienced 28 percent wage growth from 2016 to 2021. Alaska is ranked first or second in the U.S. in 18 categories of healthcare positions; other job categories typically rank third or fourth.

MR. KOSIN switched gears from the positive aspects of a growing economic sector to exploring the downside. He said that the healthcare industry needs 7,500 new workers every year. It is a daunting prospect. Of that 7,500, the most dominant position needed is registered nurse. Alaska will require more than 1,500 annually. He defined a recruit as someone outside the industry instead of someone moving laterally or upwards within the industry. He drew attention to the "Annual Healthcare Workforce Development Needs" graphic, stating the chart creates the bulls-eye effect; the bigger the bubble, the greater the need for that particular position. The chart compares Alaska's workforce needs and salary with the rest of the country. He emphasized the extra-large bulls-eye in the center of the chart shows registered nursing in the dominant position.

1:42:49 PM
MR. KOSIN reviewed slide 5, The Dominant Position. Hospitals are the largest employer in the healthcare industry. They employ about 34 percent of all healthcare workers and pay about 40 percent of healthcare wages. He reiterated that the most dominant field in the healthcare industry is the registered nurse. Registered nurses account for the highest number of total workers and 18 percent of all healthcare wages.

MR. KOSIN directed attention to the Registered Nursing.org chart, stating Alaska is expected to lead the United States in nursing vacancies by 2030 with a 23 percent shortfall. He interpreted these statistics, stating Alaska will be short by about a quarter of the workforce by 2030. One in four positions will remain open. He said that the labor situation is tight and tough now, but Alaska is projected to be the worst in the country in terms of state needs.

1:44:09 PM

MR. KOSIN reviewed slide 6, Shortages Everywhere. He described Alaska's career development pipeline, stating accredited nursing programs in Alaska produce about 324 registered nurse graduates per year. Boil that down, and Alaska's 324 registered nurses fail to meet the demand of 1,500 needed yearly to provide adequate services. He said there are seven priority positions in Alaska, respiratory therapists, certified nursing assistants (CNA), and nurses, to name a few. He said Alaska could only train 13 percent of the workers needed. Alaska has a massive labor deficit.

MR. KOSIN explored options to solve the labor deficit problem. One option is to rely on nonresident healthcare workers. This is an option many industries rely on in Alaska. Eleven percent of the healthcare workforce were nonresidents in 2021, with about 5,000 workers. Interestingly, about 23 percent of these nonresident workers remain in Alaska and attain residency. If four people come to Alaska, whether they are traveling or are temporary workers, there is a one out of four chance an individual will stay. He said this is an important detail considering the labor deficit mentioned above. This is significant because healthcare has the highest nonresident-to-resident conversion in the state compared to all other sectors. This is an important detail from a recruiting standpoint. While the state frowns on out-of-state recruiting, the good news is Alaska may retain some of those people. He emphasized that there are plenty of jobs to go around. There is no threat of taking an Alaskan's job, reminding members that registered nurses will graduate at a rate of 324 per year versus 1,500 in demand.

1:47:01 PM
SENATOR BISHOP asked how many nursing students the university turned away.

MR. KOSIN prefaced his response, stating this is not to disparage the University of Alaska with this answer. The university has the largest nursing program. However, for every student who sits in an incoming class, two applicants, who qualified, and were accepted, are turned away due to a lack of room in the program.

SENATOR BISHOP sought confirmation that the university could potentially graduate 660 nurses if the university had the capacity.

MR. KOSIN answered yes.

1:47:49 PM
SENATOR DUNBAR asked whether AHHA member organizations would financially assist or consider moving towards an apprenticeship model to help grow the number of nurses to 600 annually and to increase the number of healthcare workers overall.

MR. KOSIN answered yes. He declared that AHHA would reply yes to virtually any question about growing the number of nurses in Alaska. He noted that if Alaska could produce 600 nurses, there would still be a massive nurse deficit. AHHA is working with the university and other programs. The association has not used apprenticeships in healthcare as it should, meaning the industry and state need to embrace a model change because the need is great. The big bottleneck on the education side is a need for more educators. Nurse educators make so much money in the field now that finding a nurse to teach is impossible. There is no incentive to teach. The nursing program waitlist is long; the nurse faculty availability list is short. AHHA would consider pulling resources and contributing to increasing pay to expand the nurse program's capacity. Another limiting factor is space to run students through their hospital clinicals, another piece AHHA supports making work. AHHA is a yes to any ideas to help this problem, especially a local solution.

1:49:53 PM
MR. KOSIN advanced to slide 8 to discuss the consequences of workforce shortages. He offered these statistics to establish the framework for his discussion:

- CNAs are the lifeblood of nursing homes and critical for hospitals.
  CNAs are running at a 22 percent vacancy rate.
  It takes 108 days, on average, to fill a single position.
- In hospitals and nursing homes, nurse positions are running at a 24 percent vacancy rate on average over the course of the last year.
  It took 161 days, on average, to fill a single position.
- He expressed his belief that respiratory therapists have a 38 percent shortfall.
- Sterile processing and cleaning instruments have a similar shortfall range.

1:51:34 PM
MR. KOSIN said he spent considerable time outlining the nursing shortage because this is the dominant group, but high vacancy rates exist across the board. Vacancy rates and the amount of time it takes to fill a position have become alarming. Vacancy

rates have risen due to recruitment delays and the time it takes to obtain a license and process a background check. The industry has vacancies across the board; they are getting worse everywhere. Limited staff means limited hospital access, community-based services, and pediatricians' offices alike. He explained that all the open hospital beds and hospital rooms in the world are unusable without staff to clean them and offer services. Limited access means less revenue, especially in nursing homes. Alaska is set up on a volume-based, fee-for-service system. Less staff in nursing homes results in closed-down units and less revenue, and yet, simultaneously, services become more expensive due to overtime costs and incentive payouts. Increased staff burnout means hiring replacements and competing with other organizations for traveling workers. He added that inflation is causing the cost of supplies to increase. He wrapped up the discussion on consequences, stating lower revenue, more expensive services, and increased supply costs due to inflation led to the following headlines, which he clipped from newspapers last month:

> Juneau hospice and nursing home closures are the latest symptom of the nation's nursing shortage.

1:54:07 PM

MR. KOSIN commented on the snippet, stating the state will start to experience massive losses and see closures and consolidations. A consolidation is effectively a closure that looks a little different.

> Local hospitals running near capacity as flu, RSV cases rise.
>
> Juneau's hospital is losing more than $1M a month.
>
> Bartlett (Alaska) Regional Hospital, Wildflower Court to merge.
>
> Providence's operating loss grows to $1.1B for 2022.
>
> This Sunday, we will have had a patient in house waiting for long-term care for 1 year.

MR. KOSIN said these headlines represent visible cracks in the system. He drew attention to the last snippet on the slide, stating the patient should have been discharged to a post-acute care facility but sat 365 days too long in a hospital because there was nowhere for that person to go, no availability in a

post-acute care facility, and no staff to increase availability. Other ancillary issues stem from a situation like this, such as navigating the courts on supervision, custody, and other matters of this nature. Challenges on the Medicaid side include eligibility. All of this causes people to get stuck in hospitals. He said hospitals get paid based on meeting the criteria of care. A patient that no longer requires hospitalization but is stuck in one fails to meet the criteria. In this example, the hospital was not compensated for 365 days of services, which included nursing rounds, meals, orderly services, etc.

1:56:02 PM
SENATOR BISHOP directed attention to the Providence Hospital news snippet, which indicated an operating loss of $1.1 billion in 2022. He asked whether the operating cost would have been zero with a plus sign if Providence was fully staffed.

MR. KOSIN speculated on the answer, stating this analysis is difficult due to factors like inflation, supply cost increases, traveler pay, and bonuses. Still, if the staffing piece were solved, Providence's operating losses would be a different story. He expressed his belief that it would be fair to say if all systems were operating satisfactorily, meaning Providence Hospital was fully staffed, and incoming patients cared for and discharged appropriately and timely, the hospital would either experience reduced loss or zero with a plus. This is how the model of care works. He snipped the clip from a national news story, and $1.1B was a cumulative number from a financial disclosure.

SENATOR BISHOP remarked it is apples and oranges to compare the healthcare labor shortage with food security, but they are fundamentally parallel. He pointed out the severity of the issue, stating if a mass casualty event occurred in Fairbanks or Anchorage today, the injured would have nowhere to go.

MR. KOSIN echoed the same sentiment. The fix is more challenging than changing a law. The issue requires a big-picture approach to resolution, not only considering the problems occurring within facilities but everything occurring outside facilities. Community-based services are not robust enough to support hospital discharges and placements, and those organizations suffer from worker shortages too. The cascading effect pushes everyone into hospitals, and hospitals are not compensated in the end. This is one reason the cost of healthcare is high.

People are funneled into the most expensive environment of care. The hospital is the last stop when there is nowhere else to go.

1:59:04 PM
SENATOR MERRICK asked what major factors attributed to the need for 7,500 new healthcare workers every year.

MR. KOSIN answered it is a combination of increased demand for services due to an aging population and worker turnover rates. He said the number is derived by analyzing the number of patients funneling through over four quarters and employee turnover rates.

2:00:04 PM
MR. KOSIN advanced to slide 9, stating this is a long-term problem and requires a long-term solution. The process will take 10 to 15 years to yield results. He reviewed slide 9 to summate solutions to grow the healthcare workforce:

> Healthcare Workforce Strategy
> 2022-2025
>
> Pipeline
> Forge strong partnerships between the healthcare industry, schools, and students to recruit, train, and graduate healthcare professionals to build a sustainable workforce pipeline in Alaska.

MR. KOSIN said a huge piece in solving the workforce shortage is increasing faculty pay, classroom size, and the number of faculty in universities. He suggested educational classroom planning to expand the idea among 1st and 2nd graders that healthcare career opportunities are not limited to doctors and nurses.

> Pathways
> Develop healthcare career pathways and professional development opportunities to provide training and advance skills that will improve patient care and employee retention.

MR. KOSIN recommended skilled professionals train up new recruits and inexperienced staff in an apprenticeship model for professional and specialty training.

> Protection

> Develop and implement strategies that support wellness, increase resiliency, and address burnout, violence, and other threats to retention. Remove barriers that overburden the industry and workers.

MR. KOSIN said protecting the current workforce is perhaps the most essential factor. Prioritizing their wellness, preventing burnout, and keeping the workforce resilient.

2:01:23 PM
SENATOR DUNBAR commented that Senator Bjorkman pointed out that K-12 education is flat-funded; as a result, the state reduced the number of programs offered to students. Some of those programs were vocational and job readiness, which feeds into Mr. Kosin's ideas. He asked what AHHA's opinion is of increasing K-12 funding in Alaska.

MR. KOSIN replied that the answer to that question would require an AHHA group discussion. He said that AHHA supports robust education and creating a workforce in-house. It is a sustainable way to offset Alaska's labor shortages.

2:02:38 PM
SENATOR BISHOP provided a historical perspective to underscore the need. During his tenure as the Department of Labor and Workforce Development (DOLWD) commissioner, the department's 2010 ten-year forecast showed a 4,000-person gap. The gap last year was 6,500. One year later, the healthcare labor shortage is more than a 7,000-person gap.

2:03:13 PM
SENATOR BJORKMAN asked whether there have ever been any programs in Alaska that incorporated vocational education at the high school level for CNA or other healthcare worker training.

MR. KOSIN replied that to do this question justice, he will collect the information and get back to the committee. A lot of work is happening on this subject. Many facilities are progressively moving on this, and AHHA has invested a lot of energy in this subject.

2:03:57 PM
MR. KOSIN advanced to slide 10 to discuss the nurse licensure compact. He said legislators always ask AHHA what the legislature can do to help the problem now. He emphasized if legislators want to do something now, it is reciprocity. One deterrent for working in Alaska is that getting a nurse license

in Alaska takes three months. He shared the story of a young person who wanted to accept a neonatal intensive care unit (NICU) nursing position in Alaska. She had the job, the car, and the place to stay but did not want to wait three months for a license. He said that no one could wait three months. She turned down the assignment. NICU nurses are in incredibly high demand, especially in the Anchorage area. This is a case in point. It takes three months to get licensed, and it is a deterrent. He said the state needs to get people here faster to reduce the vacancy rate. Reducing the vacancy rate will increase capacity. Increase capacity, and the system will start to flow. He reviewed slide 10 to explain that 39 states and jurisdictions have passed reciprocity acts to alleviate their licensing logjams:

Nurse Licensure Compact

How it works

- 39 states and jurisdictions
- Reciprocity → Single RN license across state lines

2:06:15 PM
MR. KOSIN said states that enact the nurse licensure compact recognize a single license between all the compact states. Any nurse from a compact state can get one license and practice across state lines.

- Uniform standards, including background checks

MR. KOSIN said the compact changes the standards to get a license. They have uniform standards to be processed and approved for a license, but the practice of being a nurse is left up to individual states.

- Local jurisdiction for oversight / enforcement

MR. KOSIN said the enforcement of rules and the scope of practice remains with the individual state. However, the standards for licensing and allowing someone to practice becomes uniform and reciprocal. The compact would knock a 3-month processing time down to a week or two, including a background check. The compact licensing standards and background checks are more stringent than Alaska requires, making them safer.

The Coalition

- 75+ orgs (every facet of healthcare) say this will help!

    - Medical, tribal, nursing schools, aging population, behavioral health, chambers of commerce, local governments, public health, military, post acute providers . . .

MR. KOSIN expressed his belief that if the state joins the compact, it will get nurses into positions faster, especially in rural communities. It will draw down on vacancies, which will help. It is not a cure-all but an excellent tool that will make a big difference. Over 75 organizations would tell the legislature this would help. The organizations listed above agree; it has widespread buy-in. He said this discussion offered doom and gloom and dire statistics, but there is something the legislature can do to make a difference. Adopt the nurse licensure compact.

2:08:17 PM
SENATOR MERRICK asked whether nurses would be more inclined to leave Alaska for part of the year, especially during less desirable seasons, if the nurse licensure compact were enacted.

MR. KOSIN prefaced his answer, stating the other 39 states that joined must not be as concerned. He added that a lot of movement already occurs amongst traveling nurses. He expressed his belief that joining the compact would not create mass out-migration. He suggested putting it in place with a sunset after two years to see if it worked. He proposed repealing it after a year if there is out-migration. AHHA does not think out-migration is an overarching concern, but should it become a reality, the state could exit anytime.

2:09:48 PM
SENATOR DUNBAR commented that this is an interesting topic. He assumes there will be a bill, and should one come forward, he would like a much longer conversation about this subject. He will hold his questions to that time as other items are on the agenda today.

MR. KOSIN responded that AHHA hopes there is a bill. The association is available to offer ideas and policy. He receives many calls about workforce, licensing, and background checks from AHHA members. The association would like to see a bill on this.

2:10:34 PM
SENATOR BJORKMAN asked what other ideas the Board of Nursing has to speed up licensing in the state if the compact fails to move forward.

MR. KOSIN replied AHHA spent over a year asking the same question, consulting nurses, the board, and the state. They answered nothing that would speed up licensure, be as cost-effective, or be implemented as fast. He said that AHHA had yet to find an alternative idea that could perform in equal measure to the compact. AHHA has settled on the compact.

2:12:03 PM
At ease.

SOUTH CENTRAL FOUNDATION WORKFORCE OVERVIEW

2:17:33 PM
CHAIR BJORKMAN reconvened the meeting and announced the South Central Foundation workforce overview. He asked Ms. McIntire to state her name and affiliation for the record.

2:17:36 PM
KAREN MCINTIRE, Vice President of Workforce, Southcentral Foundation, Anchorage, Alaska, introduced herself.

2:17:45 PM
CHAIR BJORKMAN provided a brief overview of the Southcentral Foundation (SCF). He said SCF's vision is a native community that enjoys physical, mental, emotional, and spiritual wellness. Its mission is to work together with the Native community to achieve wellness through health and related services. SFC was administering nearly half the primary care services for Alaska Native people by 1994. The Alaska Medical Center opened its doors in May of 1997. Public Law 105-83 enabled Alaska Native people to obtain ownership and management of all Alaska Native healthcare services. SCF completed the assumption of ownership and management of primary care and other programs located in the Anchorage Native Primary Care Center in 1997. SFC instituted significant philosophical changes and other changes in the design and administration of these programs from the beginning. He invited Ms. McIntire to begin the Southcentral Foundation presentation.

2:20:19 PM

MS. MCINTIRE said Southcentral Foundation is a tribally owned, Native nonprofit located primarily in the Anchorage area. She gave a brief overview of her work experience and of SCF. She is a customer-owner of the system; she comes from the community that helps manage and own healthcare services. SCF provides services to over 65,000 Alaskan Native American Indian people and works with over 55 villages and community health centers. They co-manage the Alaska Native Medical Center (ANMC) with the Alaska Native Tribal Health Consortium (ANTHC) in Anchorage. SCF is one of Alaska's top ten largest private sector employers, with 2,700 employees. She said everybody is having challenges with workforce shortages in Alaska. Recruiting is an ongoing issue. It is not for lack of trying or partnering with community hospitals.

MS. MCINTIRE read slide 2:

Vision

A Native Community that enjoys physical, mental, emotional and spiritual wellness

Mission

Working together with the Native Community to achieve wellness through health and related services

MS. MCINTIRE reviewed slide 3, Learning Objectives:

Share how SCF faces challenges of recruiting and retaining health care professionals.

Share opportunities that the State can implement to positively impact health care workforce.

Share and answer questions regarding Tribal Health workforce from SCF perspective.

2:23:19 PM

MS. MCINTIRE reviewed slide 4, SCF Workforce Snapshot. She said SCF is one of the top ten employers in the state, with 2,700 employees. They currently have 510 vacancies. Some vacancies are due to turnover, and some are due to growth. Many individuals decided they did not want to work in healthcare after COVID; they wanted to be closer to family, leave Alaska, etc. Historically, SCF had a great retention rate; they had a better retention rate than local healthcare organizations. However, the turnover is 20 percent now. She said this is her first experience with a high turnover rate, stating employees are

excited to work with SCF because of the foundation's work with the community to achieve wellness. SCF had 500 vacancies as of January 17, and the vacancies are affecting service.

2:24:39 PM
SENATOR DUNBAR drew attention to the number of employees working at SCF, which is 2,700. He asked whether the 2,700 includes the employees at ANMC.

MS. MCINTIRE answered that 2,700 does not include ANMC staff; the number specific to SCF totals close to 6,000, including ANTHC employees.

MS. MCINTIRE summarized slides 5 and 6, Recruit and Retain Licensing Professionals. SCF regularly collaborates with ANTHC, Providence, Alaska Regional Hospital, and AHHA to think about ways to improve retention rates and recruitment. The most challenging position to fill is nurse, and it is an ongoing issue. SCF's nursing workforce is maturing and retiring. SCF is not meeting the demand for good quality care at ANMC and community health centers. SCF's other most significant needs are behavioral health, master-level therapists, and dental hygienists. She thanked the legislature for passing HB 265, telehealth pharmacy, last year. It was beneficial to the community that provides services to 55 villages.

2:26:43 PM
MS. MCINTIRE said SCF coordinates with organizations within the community to figure out how to attract and train qualified people to provide good quality care. Alaska is a state of collaboration, so even though organizations offer similar services, they work together to meet the community's needs. It is increasingly difficult to recruit specialists to the state; as a result, providers often work with all hospitals in Anchorage to meet customer's needs.

MS. MCINTIRE said a concern is the licensing backlog at the Division of Licensing. The backlogs continue to increase. It can take anywhere from three to nine months to get an individual licensed. Often it takes longer for dentists. She suggested looking at alternative options to speed up licensing. Consider expedited background checks and licensing for healthcare professionals from the Lower 48. Mounting backlogs mean SCF customers wait increasingly longer to receive primary health care and dental services.

2:29:04 PM

MS. MCINTIRE summarized slide 7, which pictured these SCF community health centers: Benteh Nuutah Valley Native Primary Care Center, Anchorage Native Primary Care Center, Nilavena Subregional Clinic Iliamna, McGrath Health Center, and St. Paul Health Center.

MS. MCINTIRE advanced to slide 8 to discuss opportunities for the legislature to help the industry with rural housing for healthcare professionals. She thanked the governor for introducing the Alaska Housing Finance Rural Professional Housing Program and the legislature for supporting it. SCF supports community health centers and locations that need housing. She offered personal testimony about the need for more rural housing. After graduating from college, she wanted to work in St. Paul; her dad was from there. She was offered a job but could not accept it due to housing unavailability. The slide pictured the St. Paul Health Center and surrounding community. Housing is needed to attract and retain healthcare professionals in rural SCF-served communities; it is an ongoing challenge.

MS. MCINTIRE advanced to slide 9, Reducing Administrative Burden. Healthcare is complicated. It is technical, with a lot of hoops. Organizations must jump through paperwork hoops, background checks, billing, and licensing forms. It is important to remember that new requirements often affect access to care and the ability to provide care. People want to return home to work in their community, but often, it is easier to avoid the hoops, like the licensing hoops. The workload is an ongoing issue for the state background check unit. Workers do not have enough hours in the day to process the amount of background check requests.

2:31:53 PM
MS. MCINTIRE advanced to slide 10 to talk about creating an apprenticeship pipeline. She said it is vital to build pipelines in the workplace. SCF's Raise Program gets young people interested in healthcare work. The program starts at age 14 and goes to age 18. 744 youth have participated in the program; some have become SCF nurses and healthcare support staff. She revealed that she began her career with SCF as administrative support and is now the vice president of Workforce. The Raise Program provides opportunities for SCF to grow its own staff.

2:32:57 PM
She detailed SFC's entry points, apprenticeships, and vacancies on slide 10:

Creating Apprenticeship Pipeline

Entry Point

- Raise
- Administrative Support Training Program
- Dental Assistant Training Program
- Clinical Degree Program Initiatives

MS. MCINTIRE said the SCF Board of Directors support Alaska Natives and American Natives in clinical training, paying their way through school to graduation. There is so much need SCF cannot afford not to pay.

Apprenticeships

- Universities
- Trade Schools
- Community Partnerships
- State Programs
- Training Programs
- Internships

Vacancies

Tribal Doctor
Community Health Aide
Dental Health Aide
Behavioral Health Aide
Certified Medical Assistant
Chemical Dependency Counselor
Manager or Supervisor

MS. MCINTIRE said SCF has a training program for all these vacancies. SCF has career pathways to learn and try new things, gain competency, and go to school; SFC helps fund these individuals to help meet the community's needs.

2:36:33 PM
SENATOR DUNBAR asked whether low-level barrier crimes prevent individuals from working in the healthcare industry, particularly within the health aide and dental aide path. He offered the example of a low-level drug conviction committed by a teen.

MS. MCINTIRE answered yes, that is an ongoing issue. She expressed her belief that SCF has the opportunity to apply for variances with the state background check unit, but the process is lengthy and has a long application. Youth who had trouble at 18 and want to get into healthcare can apply for variances, and SCF can support their variance application. However, the process can take three months, and often applicants cannot wait that long for a job. Additionally, the Indian Child Protection Act prevents variances when working with Indian children. Often SCF would like to hire people with life skills but cannot due to those burdens or things that happened twenty years ago.

SENATOR DUNBAR sought confirmation that the Child Protection Act is a federal law, commenting that the state legislature would not have jurisdiction. He asked whether that is the case with most barrier crimes or if there are opportunities for changing the variance process or the underlying law, such as crimes of moral turpitude, at the state level.

MS. MCINTIRE confirmed that the Indian Child Protection Act is a federal law. She answered the second question, stating that an applicant who gave up a child through the Office of Children's Services (OCS) is another barrier to employment. The state prevents an applicant who gave up a child to OCS from working in healthcare; this includes individuals who may have done something when they were young and OCS was involved.

2:39:34 PM
SENATOR BJORKMAN asked whether SCF was involved in the childcare industry.

MS. MCINTIRE answered SCF is not involved in childcare; however, it does have a residential treatment center for youth.

2:40:27 PM
There being no further business to come before the committee, Chair Bjorkman adjourned the Senate Labor and Commerce Standing Committee meeting at 2:40 p.m.