

HB

10

HOUSE COMMITTEE REPORT

(7)

Date Referred: January 9, 1989

FURTHER REFERRALS: FINANCE

Date of Committee Action: _____

The HEALTH, EDUCATION & SOCIAL SERVICES Committee recommends that:

HOUSE BILL NO. 10 [STUDENT LOANS/HEALTH CARE]

"An Act relating to forgiveness of student loans of certain health professionals; and providing for an effective date."

[] be replaced with CS HB 10 (HESS) [] the same title
[] a new title

[] have attached amendment(s)

- [] do pass
- [] do not pass
- [] no recommendation
- [] individual recommendations
- [] additional referral to the _____ Committee

ADOPTS: 3/6/89 letter of intent

ATTACHES NEW FISCAL NOTE(S):

- (2) [] fiscal impact
- [] zero fiscal note
- [] zero with analysis

APPROVES PREVIOUS:

- [] fiscal note(s) published: _____
- [] zero fiscal notes(s) published: _____

SIGNING DO PASS:

[Signature]
Mark Boyer
Chris Davis
[Signature]
[Signature]
[Signature]

SIGNING OTHER THAN DO PASS:

(Do Not Pass, No Recommendation, Amend)

W. Furnace
[Signature]

[Signature]
 Chairman's signature

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

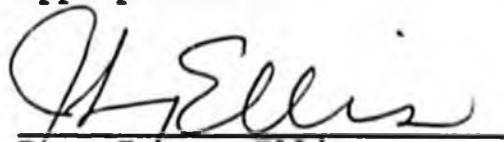
ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES



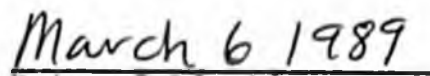
P.O. BOX V, JUNEAU 99811
(907) 465-3759

HOUSE HESS COMMITTEE LETTER OF INTENT TO HB 10

It is the intent of the 16th Alaska State Legislature in passing HB 10, that the Commission on Postsecondary Education in writing clearly inform borrowers potentially eligible under A.S. 14.43.120(s) that forgiveness is subject to legislative appropriation.



Rep. Johnny Ellis
Chairman



Date of Adoption

Health Care Shortage Area Elements:

distance to services
provider to population ratios; absolutes or special demands
overutilization or inaccessibility

definition

A health care professional shortage area exist when health care is unavailable or inaccessible due to lack of affordable and dependable transportation, or due to lack of health care providers to meet the needs of the population of the area.

A health service area is a geographic region determined by population characteristics and transportation systems which provides a reasonable service demand and economic support for specified level of professional care.

= 44.

PART I
LEVELS OF CARE

LEVELS OF CARE: ORGANIZATION

Organization of the Alaska health care system utilizes a regional approach with types of health services and levels of care established for a determined community level. These levels are defined as:

- Level I Village
- Level II Sub-Regional Center
- Level III Regional Center
- Level IV Urban Center
- Level V Metropolis
- Other Settings

The resources (services, manpower and facilities) identified for each of the five levels are recommended as Guidelines in this plan. However, specific resources to be provided in any individual community should be determined on the basis of need. Characteristics to be considered include:

- Demographic factors (population, age, etc.)
- Health Status
- Anticipated frequency that the service will be required
- Economic feasibility of providing the service.

Regardless of the level classification within which a community may be designated, obviously economic realities do not permit provision of every recommended health service, manpower, facility or equipment in each individual community. Compromises must also be made with respect to time and distance from services as well as to the scope of services available. The levels of care concept encompasses the elements of continuity, coordination and a continuum of service delivery and referral patterns. However, in Alaska, transportation, communication and patient/consumer needs will often determine service and referral patterns. In the absence of the next higher level community, there will be times when a community will relate to the level which can provide the care in the most expeditious and convenient manner.

The State Health Plan₅ incorporates an additional comment in the form of other settings. Other settings are discussed on pages 5-14 through 5-23. For the settings identified as Community Clusters and Highway Communities, new designations for certain communities are recommended.

Level I

Community Designation

Village

CRITERIA

Population

25 - 750, immediate community

Proximity

more than 30 minute access to a higher level (of care) by year round surface transportation

GUIDELINES

SERVICES

Primary Care for common acute illness

Reception, System entry

Referral services

Diagnostic screening, preliminary workup

Preventive services

Limited formulary pharmacy services

Education, counseling

Health Promotion Services

Itinerant Services

- Dental
- Eye
- Behavioral Health
- Physician
- Audiology
- Preventive

Home Health Aide/Homemaker Services

Basic Life Support System

FACILITIES

Space that can be used for Clinic purposes. As possible the space should be provided with:

- Electricity
- Water
- Heat
- Private Examination Area with Examination Table
- Secure storage
- Reliable communications link to a Referral Center (radio and/or telephone)

HANPOWER

Community Health Aide and Alternate or Equivalent
Person trained at EMT I Level
Homemaker

Itinerant Public Health Nurse
Itinerant Behavioral Health Worker
Itinerant Health Specialist(s)

Level II

Community Designation

Sub-regional center

CRITERIA

Government (or Social Organization)

preferably incorporated government; de facto town council; active formal community organizations, especially those with human services orientation.

Population

500 - 2500 in immediate community or a service area population of at least 1000.

Accessibility

generally should be within 30 minutes access time to outlying villages.

Proximity

generally should be more than 30 minutes by year-round surface transportation from a community providing a level II or higher level of services.

Transportation

transportation network to outlying villages and to a level III or IV community.

Communication

a reliable radio or phone service to a level III or IV community.

Economic Development

basic services to outlying villages.

GUIDELINES

SERVICES

All Services proposed for Level I
Consultation to Providers in Level I
Ambulatory Medical and Surgical Procedures
Supervised Overnight Patient Care Capability
Itinerant Dental Services
Basic Diagnostic Services Including Limited X-Ray Capability & Lab Capability
General Pharmaceutical Services
Education, Counseling, Promotive Services
Support, Supply, Administrative Services for Level I Communities
Long Term Care Alternatives
Nutrition Services
Advanced life support system without cardiac capability

FACILITIES

Health Center

MANPOWER

Physician Assistant or
Nurse Practitioner
Public Health Nurse
EMT II
Behavioral Health Counselor

Home Health Aide(s)/Homemakers
(As appropriate)

(Manpower should be available as appropriate to the particular community)

Level III

Community Designation

Regional Center

CRITERIA

Government

Should be incorporated

Population

1500 - 60,000 in immediate community and
Greater than 3,000 in Primary Service Area

Proximity

Should be more than 30 minutes by year round surface transportation from a community providing a Level III or higher level of service

Accessibility

Immediate community should be within 60 minutes travel time for at least 90% of population in Primary Service Area.

Transportation

Should have daily scheduled airline, rail, marine, or bus services to a Level IV or V community
or
should have less than 60 minutes travel time by private auto to a Level IV or V community

Communications

Statewide phone network; radio

Economic Development

Serve as a service center (maintenance services, commodities, financial, transportation) to Level I and II communities within its Primary Service Area

GUIDELINES
SERVICES

All services proposed for Level II
Consultation to Level I and II providers
Short stay institutional services
Chronic care and long-stay institutional services
Pharmacy services
Optometric services
Diagnostic x-ray services
Support, supply & administrative services to Level II
Community based:
- mental health
- substance abuse/alcohol rehab.
Mobile EMS capacity
Short term shelter care
Detox. capabilities
Dental services
Clinical laboratory services including walk-in blood bank
Advanced life support systems with cardiac capabilities

FACILITIES

Hospital
- general surgery as appropriate
- acute and long term beds
- class 3 emergency care

Health Center
Community Mental Health Center
Physician clinic(s)
Dental clinic(s)
Nursing home or LTC nursing beds associated with hospital

MANPOWER

Same as Level II plus:
Primary care physician(s)
Itinerant specialist physician(s)
Hospital support staff
- x-ray technician
- medical technologist
- laboratory technician
Dentist(s)
Optometrist(s)
Pharmacist(s)
Psychologist/mental health clinician(s)
MSW/social worker(s)
Sanitarian

* Primary service area refers to that area which rationally relates to the community for most of the services not provided elsewhere in that area and includes that population within the immediate and surrounding area.

Level IV

Community Designation

Urban Center

CRITERIA

Government

be incorporated and either be a unified home rule municipality (preferably having health powers and providing health services) or be located in an organized borough.

Population

40,000 - 750,000 immediate community.

Transportation

daily scheduled transportation services to Level III communities within its health service area and to closest Level V community.

Communications

statewide phone network; radio, T.V.

Economic Development

serve as a commercial service center including specialty health services to Level III communities within its secondary service area (generally, a health service area); preferably some industrial activity.

GUIDELINES

SERVICES

All Services Proposed for Levels I, II, III Communities
Consultation to Level I, II, III Providers
Specialized Major Medical Services
Class II Emergency Services Capability (Horiz)* (Hospital)
Major Diagnostic Services
Clinical Laboratory Services including Blood Bank
Basic Rehabilitation Services
Ophthalmic Care Services
Center for a Uniform Health Information System
Communication Linkages to All Levels
Mechanisms for Mobilizing EMS Services for Catastrophic Disasters involving mass casualties
Therapeutic Radiation Capability
Pathology and Autopsy Capability
State designated Capacity for Mental Health & Alcoholism inpatient committal.

FACILITIES

See discussion on previous page. Appropriateness in general will be determined on the basis of population and expected utilization of such facilities as well as economic and practical feasibility. Delineation of such facilities (or portions thereof) will occur through the review of new and existing institutional health services.

MANPOWER

To be determined according to services.

Level V

Community Designation

Metropolis

Government

Incorporated, within a higher level substate entity (county equivalent) having health powers and providing health services and/or health industry regulation.

Population

450,000 +, immediate community.

Accessibility

daily major airline service to Level IV Communities.

Transportation

national - international transportation network.

Communications

sophisticated and comprehensive communications network.

Economic Development

major trade and service center; stable industry.

The SHCC will develop recommendations to influence decisions concerning Level V services which serve as multistate resources.

Highly advanced specialized care is recommended for Level V including the following examples:

Services

Organ Transplants
Complex Pediatric Heart Surgery
Burn Center

Facilities

Medical/Dental School Center

Original sponsors: Ellis, Koponen,
and Gruenberg

1 IN THE HOUSE

BY THE HEALTH, EDUCATION, AND
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 10 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to forgiveness of student loans of
7 certain health care professionals; and providing for
8 an effective date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. AS 14.43.120 is amended by adding new subsections to read:

11 (s) If a borrower meets the conditions provided in this section
12 and is employed as a health care professional in an area determined to
13 have a health care professional shortage for the borrower's profession
14 by the Department of Health and Social Services under AS 44.29.020(b),
15 a portion of the loan shall, subject to appropriation by the legisla-
16 ture, be paid by the state equal to the following percentages of the
17 total loan received plus interest up to a total of 70 percent of the
18 total loan: (1) one year employment, 10 percent; (2) two years em-
19 ployment, an additional 12 percent; (3) three years employment, an
20 additional 14 percent; (4) four years employment, an additional 16
21 percent; (5) five years employment, an additional 18 percent. In this
22 subsection, "health care professional" means a person who is licensed
23 as a physician or osteopath under AS 08.64.230, as a physical thera-
24 pist or occupational therapist under AS 08.84, as a registered nurse
25 under AS 08.68.190 or 08.68.200, or a person practicing medicine as a
26 physician's assistant.

27 (t) Notwithstanding any other provision of law, while a person's
28 loan is being paid by the state under (s) of this section, that person
29 may not receive forgiveness of a loan under any other section of this

FISCAL NOTE

REQUEST:

Revision Date: March 7, 1989
 Title: RE: Forgiveness of Student Loans - Health Care Providers
 Sponsor: Ellis, Koponen and Gruenberg
 Requestor: House HESS

Agency Affected: Education
 BRU: Postsecondary Education/ Student Loan Corporation
 Components: Student Loan Fund

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	-0-	-0-	36.6	80.5	131.8	136.2
MISCELLANEOUS						
TOTAL OPERATING						

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	36.6	80.5	131.8	136.2
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached

Prepared by: Ronald A. Phipps, Executive Director Phone: 465-2854
 Division: Alaska Commission on Postsecondary Education Date: March 7, 1989

Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by preparer):

Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Original sponsors: Ellis, Koponen,
and Gruenberg

1 IN THE HOUSE

BY THE HEALTH, EDUCATION, AND
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 10 (HESS)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SIXTEENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to forgiveness of student loans of
7 certain health care professionals; and providing for
8 an effective date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. AS 14.43.120 is amended by adding new subsections to read:

11 (s) If a borrower meets the conditions provided in this section
12 and is employed as a health care professional in an area determined to
13 have a health care professional shortage for the borrower's profession
14 by the Department of Health and Social Services under AS 44.29.020(b),
15 a portion of the loan shall, subject to appropriation by the legisla-
16 ture, be paid by the state equal to the following percentages of the
17 total loan received plus interest up to a total of 70 percent of the
18 total loan: (1) one year employment, 10 percent; (2) two years em-
19 ployment, an additional 12 percent; (3) three years employment, an
20 additional 14 percent; (4) four years employment, an additional 16
21 percent; (5) five years employment, an additional 18 percent. In this
22 subsection, "health care professional" means a person who is licensed
23 as a physician or osteopath under AS 03.64.230, as a physical thera-
24 pist or occupational therapist under AS 08.84, as a registered nurse
25 under AS 08.68.190 or 08.68.200, or a person practicing medicine as a
26 physician's assistant.

27 (t) Notwithstanding any other provision of law, while a person's
28 loan is being paid by the state under (s) of this section, that person
29 may not receive forgiveness of a loan under any other section of this

1 chapter.

2 * Sec. 2. AS 44.29.020 is amended by adding a new subsection to read:

3 (b) The department shall, by September 30 of each year, prepare
4 a report that (1) lists by profession those geographic areas of the
5 state that have a health care professional shortage, (2) identifies
6 the number of health care professionals employed in each area of
7 shortage, and (3) recommends changes to the health care professional
8 loan forgiveness program under AS 14.43.120(s). The report prepared
9 under this subsection shall be provided to the Alaska Commission on
10 Postsecondary Education. The commissioner of health and social ser-
11 vices shall adopt regulations regarding the determination of geo-
12 graphic areas with a health care professional shortage. In this
13 subsection "health care professional" has the meaning given in AS 14.-
14 43.120(s).

15 * Sec. 3. APPLICABILITY. This Act applies to a person's employment as
16 a health care professional that occurs after July 1, 1989.

17 * Sec. 4. This Act takes effect July 1, 1989.
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FISCAL NOTE

REQUEST:

Revision Date: March 7, 1989
 Title: RE: Forgiveness of Student Loans - Health Care Providers
 Sponsor: Ellis, Koponen and Gruenberg
 Requestor: House HESS

Agency Affected: Education
 BRU: Postsecondary Education/ Student Loan Corporation
 Components: Student Loan Fund

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	-0-	-0-	36.6	80.5	131.8	136.2
MISCELLANEOUS						
TOTAL OPERATING						

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	36.6	80.5	131.8	136.2
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached

Prepared by: Ronald A. Phipps, Executive Director
 Division: Alaska Commission on Postsecondary Education

Phone: 465-2854
 Date: March 7, 1989

Approved by Commissioner: _____
 Agency: _____

Date: _____

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

CS HB 10 (HESS)
Analysis of Fiscal Impact

A. Assumptions

1. The current student loan population is representative of the future attendance patterns for students of selected health care fields.
2. Only a small proportion of health care graduates will actually qualify for the benefits of CS HB 10. The estimate used for the analysis is 1-in-10 medical graduates (physicians, surgeons, psychiatrists), and 1-in-8 nursing, physician assistant, physical therapy, and occupational graduates. Additionally, of these, it is estimated that the average forgiveness will be 36% (that is, 3-of-5 years of eligible forgiveness).
3. Borrowing years will vary by health care field. For this fiscal analysis, the following are assumed:

<u>Fields</u>	<u>Years of Borrowing</u>
Medical Profession	8 years
Nursing	3 years
Occupational Therapy	4 years
Physical Therapy	4 years
Physician Assistant	4 years

B. Projections

Graduates by Field

<u>Field</u>	<u>1988-89</u>	<u>1989-90</u>	<u>1990-91</u>	<u>1991-92</u>	<u>1992-93</u>	<u>1993-94</u>
Medical Profession	32	32	31	32	33	34
Nursing	67	67	68	70	71	72
Occupational Therapy	2	3	3	3	3	4
Physical Therapy	4	4	4	4	5	5
Physician Assistant	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>3</u>
Total	107	108	108	111	116	118

C. Fiscal Impact

<u>Year</u>	<u>Amount</u>
1989-90	\$ -0-
1990-91	36,600
1991-92	80,520
1992-93	131,760
1993-94	136,160

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

P O BOX FP
JUNEAU, ALASKA 99811-0599
PHONE: (907) 465-2854

M E M O R A N D U M

TO: The honorable Johnny Ellis
Alaska House of Representatives

FROM: Ronald A. Phipps, Executive Director
Alaska Commission on Postsecondary Education

SUBJECT: Fiscal Analysis for the Committee Substitute for
House Bill 10.

DATE: March 1, 1989

Ron Phipps

At the House HESS Committee meeting on March 1, 1989, I was asked to determine the fiscal impact of adding physician assistant to the category of health care professional for CS for House Bill 10. This change will have a minimal fiscal impact because of the small number of estimated physician assistant graduates.

A. Assumptions

1. The current student loan population is representative of the future attendance patterns for students of selected health care fields.
2. Only a small proportion of health care graduates will actually qualify for the benefits of CS HB 10. The estimate used for the analysis is 1-in-10 medical graduates (physicians, surgeons, psychiatrists), and 1-in-8 nursing, physician assistant, physical therapy, and occupational graduates. Additionally, of these, it is estimated that the average forgiveness will be 36% (that is, 3-of-5 years of eligible forgiveness).
3. Borrowing years will vary by health care field. For this fiscal analysis, the following are assumed:

<u>Fields</u>	<u>Years of Borrowing</u>
Medical Profession	8 years
Nursing	3 years
Occupational Therapy	4 years
Physical Therapy	4 years
Physician Assistant	4 years

Memorandum to The Honorable Johnny Ellis
March 1, 1989
Page 2

B. Projections

Graduates by Field

<u>Field</u>	<u>1988-89</u>	<u>1989-90</u>	<u>1990-91</u>	<u>1991-92</u>	<u>1992-93</u>	<u>1993-94</u>
Medical Profession	32	32	31	32	33	34
Nursing	67	67	68	70	71	72
Occupational Therapy	2	3	3	3	3	4
Physical Therapy	4	4	4	4	5	5
Physician Assistant	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>3</u>
Total	107	108	108	111	116	118

C. Fiscal Impact

<u>Year</u>	<u>Amount</u>
1989-90	\$ -0-
1990-91	36,600
1991-92	80,520
1992-93	131,760
1993-94	136,160

STATE OF ALASKA

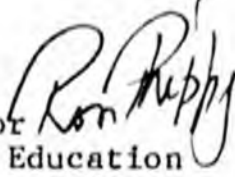
STEVE COWPER, GOVERNOR

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

P O BOX FP
JUNEAU, ALASKA 99811-0599
PHONE (907) 465-2854

M E M O R A N D U M

TO: The Honorable Johnny Ellis
Alaska House of Representatives

FROM: Ronald A. Phipps, Executive Director 
Alaska Commission on Postsecondary Education

SUBJECT: Fiscal Analysis for the Committee Substitute for
House Bill 10.

DATE: February 28, 1989

CS for House Bill 10 adds physical therapist and occupational therapist to the category of health care professional and deletes the stipulation that the area must be more than 60 miles from a hospital. These modifications to the Bill result in the following analysis which supersedes the Fiscal Note dated January 24, 1989.

A. Assumptions

1. The current student loan population is representative of the future attendance patterns for students of selected health care fields.
2. Only a small proportion of health care graduates will actually qualify for the benefits of CS HB 10. The estimate used for the analysis is 1-in-10 medical graduates (physicians, surgeons, psychiatrists), and 1-in-8 nursing, physical therapy, and occupational graduates. Additionally, of these, it is estimated that the average forgiveness will be 36% (that is, 3-of-5 years of eligible forgiveness).
3. Borrowing years will vary by health care field. For this fiscal analysis, the following are assumed:

Medical Profession	8 years
Nursing	3 years
Occupational Therapy	4 years
Physical Therapy	4 years

B. Projections

Graduates by Field

<u>Field</u>	<u>1988-89</u>	<u>1989-90</u>	<u>1990-91</u>	<u>1991-92</u>	<u>1992-93</u>	<u>1993-94</u>
Medical Profession	32	32	31	32	33	34
Nursing	67	67	68	70	71	72
Occupational Therapy	2	3	3	3	3	4
Physical Therapy	<u>4</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>5</u>	<u>5</u>
Total	105	106	106	109	112	115

C. Fiscal Impact

<u>Year</u>	<u>Amount</u>
1989-90	\$ -0-
1990-91	36,600
1991-92	80,520
1992-93	131,760
1993-94	133,660

FISCAL NOTE

REQUEST:

Revision Date: January 24, 1989
 Title: RE: Forgiveness of Student Loans - Health Care Providers
 Sponsor: Ellis, Koponen and Gruenberg
 Requestor: House HESS

Agency Affected: Education
 BRU: Postsecondary Education/ Student Loan Corporation
 Components: Student Loan Fund

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	-0-	-0-	34.1	75.0	122.8	131.0
MISCELLANEOUS						
TOTAL OPERATING						

CAPITAL						
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REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	-0-	34.1	75.0	122.8	131.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See attached

Prepared by: Ronald A. Phipps, Executive Director Phone: 465-2854
 Division: Alaska Commission on Postsecondary Education Date: January 24, 1989

Approved by Commissioner: _____ Date: _____
 Agency: _____

Distribution (by preparer) :
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

HB 10
Analysis of Fiscal Impact

A. Assumptions

1. The current student loan population is representative of the future attendance pattern for students of selected health care fields.
2. Only a small proportion of health care graduates will actually qualify for the benefits of HB 409. The estimate used for the analysis is 1-in-10 medical graduates (physicians, surgeons, psychiatrists), and 1-in-8 nursing graduates. Additionally, of these, it is estimated that the average forgiveness will be 36% (that is 3-of-5 years of eligible forgiveness).
3. Borrowing years will vary by health care field. For this fiscal note, the following are assumed:

Medical Profession	8 years
Nursing	3 years

B. Projections

	<u>GRADUATES BY FIELD</u>					
<u>Field</u>	<u>1988-89</u>	<u>1989-90</u>	<u>1990-91</u>	<u>1991-92</u>	<u>1992-93</u>	<u>1993-94</u>
Medical Prof.	32	32	31	32	33	34
Nursing	67	67	68	70	71	72
Totals:	<u>99</u>	<u>99</u>	<u>99</u>	<u>102</u>	<u>104</u>	<u>106</u>

C. Fiscal Impact

<u>Year</u>	<u>Amount</u>
1989-90	\$ -0-
1990-91	34,000
1991-92	75,020
1992-93	122,760
1993-94	130,960

FISCAL NOTE

REQUEST:

Revision Date: 1/19/89
 Title: "An Act relating to forgiveness of student loans of certain health."
 Sponsor Ellis, Koponen & Gruenberg
 Requestor: _____

Agency Affected: Health & Social Services
 BRU: State Health Services
 Components: Public Health Admin.

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL		21.5				
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	21.5	-0-	-0-	-0-	-0-

CAPITAL						
---------	--	--	--	--	--	--

REVENUE						
---------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	21.5	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	21.5	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

See Attached.

Prepared by: Elizabeth Ward, Director
 Division: Public Health

Phone: 465-3090
 Date: 1/19/89

Approved by Commissioner: Myra M. Munson
 Agency: Health & Social Services

Date: 1/24/89

Distribution (by preparer):

- Legislative Finance
- Legislative Sponsor
- Requestor
- Office of Management and Budget
- Impacted Agency(ies)

FISCAL NOTE FOR HB 10

In order for the Department of Health and Social Services to establish the health professional shortage designation system in a timely manner, limited contractual services would be required during the first year. This additional cost would be necessary due to limited availability of Division of Public Health Staff to focus on developing a information system which could be readily maintained to provide the Alaska Commission on Post Secondary Education the necessary information.

It is anticipated that once a computerized system was established, the information could be updated on annual basis utilizing existing personnel and equipment.

Contractual Line 73000

Professional Services: Personal Services contract for the purpose of developing the health professional shortage designation regulations, conducting the public review and adoption of the regulations, establishing a data base to be updated and monitored by department staff, and developing the initial shortage area designation for the Alaska Commissioner on Post Secondary Education. 4 months at \$5.0 per month \$20.0

Communication: Printing of regulations, public notification of regulations and program availability, teleconference for public hearings in the regulation adoption process. \$ 1.5

Total Contract Line \$ 21.5

Position Paper

HB 10

For an Act entitled: "An act relating to forgiveness of student loans of certain health care professionals; and providing for an effective date.

HB 10 would provide a student loan forgiveness program for health care professionals who provide services in areas designated by the Department of Health and Social Services as meeting professional shortage criteria. Loan forgiveness would be based on a yearly percentage of service in designated area, up to five years, at which point the entire loan would be forgiven by the state.

Recruitment and retention of health care professionals for rural areas is often difficult and expensive. Agencies and communities providing services in these areas are faced with the ongoing problem of obtaining qualified individuals who will live in rural areas for an extended period of time. This chronic turnover results in substantial cost increases and service disruption due to vacancies.

Eligible professionals providing health services in designated areas would benefit economically from this program. This economic incentive will enhance the ability of communities and agencies to recruit and retain health care providers. In addition, rural Alaskans would be encouraged to obtain advanced education and return to practice in their communities.

Position

The Department of Health and Social Services, while deferring the cost analysis of this legislation to the Department of Education, supports the economic incentives in assisting rural areas to recruit and retain qualified health professionals.

Recommended by:

Elizabeth Ward
Elizabeth Ward, M.N.
Director
Division of Public Health

Date:

1/19/89

Approved by:

Myra M. Munson
Myra M. Munson
Commissioner
Department of Health and
Social Services

Date:

1/24/89



Official Business

Alaska State Legislature

P.O. Box V
State Capitol
Juneau, Alaska 99811

REPRESENTATIVE JOHNNY ELLIS

SPONSOR POSITION PAPER

HB 10

"An Act relating to forgiveness of student loans of certain health care providers."

The purpose of this bill is to create an incentive program for medically trained Alaskans to work in those areas of Alaska that need health care provider services most.

Modeled after the Teacher Scholarship Loan Program, this legislation offers the incentive of Alaska Student Loan forgiveness in return for health care service in areas of the State determined to be medically undeserved.

This program would also allow students who qualify to take advantage of the new National Health Service Corps Loan Repayment Program, which offers up to 75% Federal matching funds for such a State program.

***WHY HB 10?**

1. Federal recruitment program ending.

The National Health Service Corps (NHSC) Scholarship Program, which placed 1000 national health care providers in medically underserved areas in 1987, will issue no new scholarships. According to the US Congressional Office of Technology Assessments, NHSC had 413 scholars in 1988, 76 in 1989; and 4 in 1990, to place nationwide. Ken Bahms, the NHSC Region X Director, indicated that, no new NHSC scholars will be designated for Alaska.

2. Indian Health Service (IHS) dependent upon NHSC placements.

According to the Office of Technology Assessment, "Problems of training and retaining health professionals will become critical for IHS over the next 5 years as the NHSC program is phased out."

3. Existing NHSC placement expires August 1989.

There are currently THREE NHSC placements in Alaska:

- (1) Nome--Family Practitioner
Summer '86 to September '89
- (2) Anchorage--Physiatrist (physical rehabilitation)

(3) Dillingham--Family Practitioner
Summer '87 to August '89

*WHO is medically undeserved?

42 U.S.C. 254(e) is a Federal distinction to determine a "health manpower shortage area". The Department of Health and Human Services has distinguished:

In Alaska:

29 psychiatry areas
14 primary medical care areas
4 dental service areas

*WHY forgiveness?

1. Recruitment increasing problem.

All reports indicate that recruitment of health care professionals into rural/medically undeserved areas is a chronic problem. Studies indicate that the national shortage of nurses will only enhance this problem.

2. Retention difficult.

Office of Technology Assessments indicate that, "Nearly all physicians who enter IHS with NHSC scholarships payback obligations, however, leave after their obligation is fulfilled. Only about 5 percent stay at least one additional year."

3. Alaska Student Loan established program.

Forgiveness of Alaska Student Loans will ensure that Alaskan residents are encouraged to remain in Alaska and serve in those areas of greatest need.

4. 100 percent forgiveness is an adequate incentive.

A forgiveness program designed over a five-year period with increasing percentages in the fourth and fifth years will not only help in recruiting but also in retaining health care professionals to areas that have been traditionally difficult to fill.

*HOW to receive Federal matching funds?

PL 100-177 provides for state programs similar to the NHSC Loan Repayment Program to receive up to 75 percent Federal matching funds through a three-year grant program. Although specific regulations have not yet been published, all relevant Federal agencies contacted have recommended that Alaska establish an independent State program first. matching funds will be issued in accordance with demonstrated need and existing State programs.



Official Business

Alaska State Legislature

P.O. Box V
State Capitol
Juneau, Alaska 99811

ANSWERS TO THE MOST FREQUENTLY ASKED QUESTIONS

REGARDING HB 10

HB 10 - "An Act relating to forgiveness of student loans of certain health care professionals; and providing for an effective date."

1. What is the purpose of HB 10?

The purpose of this bill is to create an incentive program for medically trained Alaskans to work in those areas of Alaska that need health care provider services most.

2. Why forgiveness of Alaska Student Loans?

All reports indicate that recruitment of health care professionals into rural/medically underserved areas is a chronic problem in Alaska and that the national shortage of nurses will only enhance this problem. A forgiveness program of up to 70 percent over a five-year service period will not only help in recruiting but also in retaining health care professionals in areas that have traditionally been difficult to serve.

3. Will this affect the bonding of student loans?

No. Since the mechanism in this legislation utilizes a line item appropriation through the Commission on Postsecondary Education, it neither obligates future legislatures nor affects the bonding of Alaska Student Loans.

4. Who supports HB 10?

This bill has received unanimous support from health care facilities and practitioners throughout the State. It has also received the endorsement of both the Department of Health and Social Services and the Commission on Postsecondary Education.

LETTERS OF SUPPORT written for HB 409 which was introduced in the Fifteenth Alaska State Legislature, and which is identical to HB 10.

HB 10: "An Act relating to forgiveness of student loans of certain health care professionals; and providing for an effective date."

1. University of Alaska, Board of Regents 11/23/87
2. Alaska Commission on Postsecondary Education 3/25/88
3. Department of Health & Social Services 2/10/88
4. Alaska Board of Nursing 4/13/88
5. Alaska Mental Health Board 3/29/88
6. University of Alaska, Anchorage 4/13/88
7. Alaska Native Health Board 2/10/88
8. Dept. of Health & Human Services 2/10/88
9. Tanana Chiefs Conference, Inc. 2/08/88
10. Norton Sound Health Corporation 3/07/88



Office of Regents' Affairs
(907) 474-7908

UNIVERSITY OF ALASKA
FAIRBANKS, ALASKA 99775-5000

FEB 4 1988

November 23, 1987

NOV 27 1987

Alaska Commission on
Postsecondary Education

Dr. Kerry D. Romesburg
Executive Director
Alaska Postsecondary Education Commission
P.O. Box FP
Juneau, Alaska 99811

Dear Dr. Romesburg:

Members of the University of Alaska Board of Regents requested that a copy of the following motion, adopted by the Board at its November 20, 1987 meeting in Anchorage, be forwarded to your attention:

PASSED:

"The Board of Regents directs its representatives on the Alaska Postsecondary Education Commission to forward to the commission a proposal for the development of a scholarship program for medical students from Alaska, similar to the Teacher Scholarship Loan Program, which would include forgiveness of payment if an individual practices medicine for a specified period of time in rural Alaska. This motion is effective November 20, 1987."

The above motion was made by Regent Susan Stitham, seconded by Regent Mark Helmericks, and passed unanimously by the Board of Regents.

Very truly yours,

Julie E. Chavez
Julie E. Chavez,
Regents' Affairs Officer

cc: Regents Stitham, Helmericks, and Rasmuson
President Donald O'Dowd
Dr. Donald Behrend

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

POUCH FP
JUNEAU, ALASKA 99811
PHONE: 19071 465 2854

ALASKA COMMISSION ON POSTSECONDARY EDUCATION
POSITION PAPER
CSHB 409

At the December 12, 1987 meeting of the Alaska Commission on Postsecondary Education, the Commission concurred with the UA Board of Regents resolution for the development of an Alaska Student Loan forgiveness provision for graduates of health care programs. The Commission moved that staff work with appropriate legislative committees to establish such a provision. On March 25, 1988, the Commission endorsed CSHB 409 as the means for providing an incentive for health care providers to practice in rural Alaska.

Position Paper

CSHB 409

For an Act entitled: "An Act relating to forgiveness of student loans of certain health care providers."

HB 409 would provide a student loan forgiveness program for health care professionals who provide services in areas designated by the United States Public Health Service as meeting professional shortage criteria. Loan forgiveness would be based on a yearly percentage of service in a designated area, up to five years, at which point the entire loan would be forgiven by the state.

Recruitment and retention of health care professionals for rural areas is often difficult and expensive. Agencies and communities providing services in these areas are faced with the ongoing problem of obtaining qualified individuals who will live in rural areas for an extended period of time. This chronic turnover results in substantial cost increases and service disruption due to vacancies.

Eligible professionals providing health services in designated areas would benefit economically from this program. This economic incentive will enhance the ability of communities and agencies to recruit and retain health care providers. In addition, rural Alaskans would be encouraged to obtain advanced education and return to practice in their communities.

Position

The Department of Health and Social Services, while deferring the cost analysis of this legislation to the Department of Education, supports the economic incentives in assisting rural areas to recruit and retain qualified health professionals.

Recommended by:

Elizabeth Ward
Elizabeth Ward, M.N.
Director
Division of Public Health

Date:

February 10, 1989

Approved by:

Myra M. Munson 2/10/88
Myra M. Munson
Commissioner
Department of Health and
Social Services

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

STEVE COWPER, GOVERNOR

7TH FLOOR FRONTIER BLDG.
3601 C STREET, SUITE 722
ANCHORAGE, ALASKA 99503
PHONE: (907) 561-2878

April 13, 1988

Johnny Ellis, Representative
P.O. BOX V
Juneau, Alaska 99811

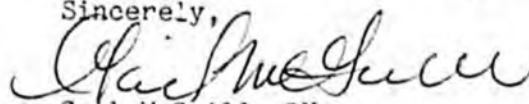
Dear Representative Ellis,

This letter is being written in support of CS HB 409. The Board of Nursing continues to support this bill relating to forgiveness of student loans of certain health care providers including registered nurses. As indicated in previous correspondence related to this bill, the Board believes having a state agency designate the shortage area is more reasonable than using the federal designations.

Registered nurses are more in demand now in many Alaska communities than we had identified in November, 1987. We see student loan forgiveness as an incentive to encourage nurses to seek employment in those communities with the greatest need for nursing services.

We thank you for your efforts in securing this legislation and urge its passage.

Sincerely,



Gail McGuill, RN
Executive Secretary
Alaska Board of Nursing

STATE OF ALASKA

STEVE COWPER, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

ALASKA MENTAL HEALTH BOARD

P.O. BOX H 04
JUNEAU, ALASKA 99811-0620
PHONE: (907) 465-3370

March 29, 1988

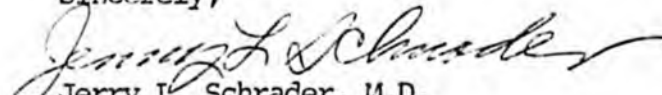
APR 1 1988

The Honorable Johnny Ellis
Alaska State Representative
P.O. Box V
Mail Stop 3100
Juneau, AK 99811

Dear Representative Ellis:

I personally support HB 409 as one of many steps that may reduce the rapid turnover of Mental Health Professionals in rural areas. The Alaska Mental Health Board has identified the manpower issue as one its priorities for study during this next year. Unfortunately, the information you request is not readily available to me at this time, but when it is I will forward it to you.

Sincerely,


Jerry L. Schrader, M.D.
Chairman, Temporary

JLS/sg



UNIVERSITY OF ALASKA, ANCHORAGE

5211 Providence Drive
Anchorage, Alaska 99508

13 April 1988

COLLEGE OF NURSING
AND HEALTH SCIENCES

Representative Johnny Ellis
State House of Representatives
Juneau, AK

Dear Representative Ellis:

As you know, the faculty of the College of Nursing at the University of Alaska has followed the progress of House Bill 409 with interest. Having reviewed the final version of this bill, I would now like to express strong support for its passage.

I was particularly pleased to see that the Department of Health and Social Services is now identified as being the agency that designates a geographic area as having a "manpower shortage". Although Federal guidelines for making such designations exist, they are quite rigid and tend to limit the ability to respond to changing local conditions. It is unlikely that any agency would be more likely to be aware of local conditions than the DHSS.

While it would not be desirable for an individual to choose to pursue higher education in the health care field solely because of the financial incentive that this Bill would provide, it is likely that the provisions of HB 409 will make it feasible for individuals who truly desire to work as registered nurses or physicians to complete their education in their chosen fields. Thus, the provisions of this bill serve to encourage individuals to fulfill personal educational needs in a manner that will also serve the health care needs of Alaskans.

While this bill will not immediately solve the current nursing shortage in the State, it does represent a long-term approach to solving that problem. Since certain geographic areas within the State have experienced a chronic shortage of registered nurses and physicians, this long view seems to be particularly appropriate.

You are to be commended for your attention to the health care needs of Alaskans and for the long view that you have taken toward solving this problem.

Please feel free to contact me if you wish a further elaboration of the potential benefits of the passage of this Bill.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tina D. DeLapp".

Tina D. DeLapp, R.N.C., Ed.D.
Associate Dean for Nursing

Alaska Native Health Board

1135 W. 8th AVENUE, SUITE 2, ANCHORAGE, ALASKA 99501

PHONE (907) 276 8989

February 10, 1988

Representative Johnny Ellis
Alaska State Legislature

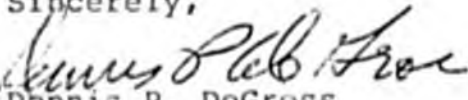
Dear Representative Ellis:

The Alaska Native Health Board strongly supports HB 409, "An Act Relating to Forgiveness of Student Loans of Certain Health Care Providers". In our statewide system of Native health care (Comprised of the Indian Health Service and 16 regional and other Native tribal health provider agencies), the number of vacant positions has varied between 41 and 59 over the past two months. At the present time there is a need for 9 physicians, 1 dentist, 22 nurses, 1 med tech, 1 physician assistant, 1 pharmacist, and 2 Xray technicians.

While the general requirement for employment in our system is that new hires have a minimum of 3 years past experience, our Internship program would allow about 14 new health provider graduates per year to enter the system directly from graduation. Our view is that the proposed bill would help us and other employers of health professionals in Alaska, such as municipalities and the State of Alaska, to hire Alaskans.

Thank you for the opportunity to comment in support of HB 409.

Sincerely,



Dennis P. DeGross
Executive Director

337-0018

LEUTIAN PEBBLE ISLAND ASSOC. INC.
KISTUK WAK AREA HEALTH CORPORATION
KODIAK INLET NATIVE ASSOCIATION
COPPER RIVER NATIVE ASSOCIATION

KODIAK AREA NATIVE ASSOCIATION
MAYHEAD ASSOCIATION
THE NORTH PACIFIC RIM
NORTH SLOPE BOROUGH HEALTH CORP

NORTON SOUND HEALTH CORPORATION
SOUTHEAST ALASKA REGIONAL HEALTH CORP
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE

February 10, 1988

100-10000

Refer to: A-NSS

hoola

Rep. Johnny Ellis
Co-chair HESS Committee
Pouch V
State Capitol
Juneau, AK 99811

Dear Rep. Ellis:

Response on behalf of Marion Bayless, Administrator, Alaska Area Nursing Services Section, in support of HB-409 "An act relating to forgiveness of student loans of certain health care providers", we offer the following data and information:

The area, number, and type of nursing vacancies in Alaska-PHS, DHS are as follows:

Anchorage - ANMC

- 7 - Supervisory Clinical Nurses
- 24 - Clinical Nurses

	<u>Current</u>	<u>Anticipated</u>	
Med-Surg	5	3	
*OB	2	2	
***Peds Infant	5 (3 neonate, 2 older peds)		
ICU	2		
**OR	2		
OPD		1	
Specialty Cl.	1		
	<hr style="width: 100%; border: 0.5px solid black;"/>		
	18	6	= 24-26 running number vacancies for past 5 months.

Barrow

- 1 Assistant Administrator of Nursing
- 1 Outpatient Dept. Head Nurse
- 6 Clinical nurses

Bethel

- 1 Night Supervisor
- 5 Clinical Nurses

Kanakanak

- 4 Clinical Nurses

Kotzebue

- 1 Assistant Administrator of Nursing
- 4 Clinical Nurses

Mt. Edgecumbe

- 2 Mental Health Nurses
- 3.5 Med-Surg Nurses

* It currently takes ANMC 5-6 months to recruit qualified Obstetric Clinical Nurses due to the high skill requirement of this high risk patient population and the complexity of care, equipment, and procedures.

** It takes up to 12 months to recruit qualified OR nurses.

*** It takes 6-8 months to recruit qualified neonatal nurses.

Current literature and research on Recruitment and Retention reflects educational opportunity and advancement to be high priorities for nurses surveyed in the Lower 48 States.

A Federal Interagency Staff Nurse Recruitment and Retention Task Force has identified educational opportunity and advancement to be among the top three priorities for recruitment and retention.

Attraction of minority students unable to meet financial obligation to field of nursing.

Alaska PHS-IHS exit interviews consistently reflect a primary reason for a change of employment location being:

- a) Lack of educational opportunities or advancement in present position.
- b) Seeking continuing educational opportunities with another agency (often East Coast States).

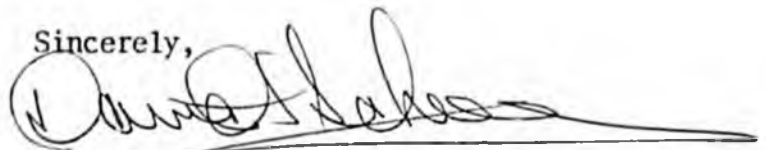
* Financial Support/Loan Forgiveness: Among the most comprehensive approaches to the recruitment into nursing problem is the one undertaken by some hospital-based schools of nursing which have decided to underwrite the costs of tuition for nursing students. The students must be willing to commit themselves to a designated period of employment in their school's hospital which will qualify them for full tuition reimbursement. Some programs will advance the required tuition while others will reimburse after the fact. In making the mutual commitment to this relationship, the student nurse and the hospital are investing time and energy in each other. The hospital stands to gain a certain number of guaranteed staff nurses upon graduation, and the student is able to obtain a nursing education without becoming encumbered with loans. In many respects this arrangement has much in common with the U. S. military R.O.T.C. programs, which supports a student in collegiate nursing education in exchange for a commitment to a given number of years in military nursing service. Two hospital-based schools of nursing which have been notably successful in recruiting students with this strategy are: Framingham Union Hospital, 115 Lincoln St., Framingham, MA 01701, Jane Woodward, Associate Administrator; and Crouse-Irving Memorial Hospital School of Nursing, 736 Irving Avenue, Syracuse, NY 13210, Dr. Suzanne Spaulding, Director.

Rep. Johnny Ellis
February 10, 1988
Page 3

* The Adult Pool of Potential RNs: In maximizing the impact of available resources, it would be advisable to consider the pool of current health care workers, such as LPNs, EMTs and paramedics. They are familiar with the hospital world, so facilitating their transition into the RN pool may provide a rapid return on available resources. Several diploma schools of nursing as well as AD programs in community colleges are recruiting this population into their RN educational programs. In order to make these programs more accessible, several offer weekend classes and evening classes for those who are employed full time. Some hospitals which might have laid off LPNs in the past have decided to try to meet the manpower needs of their institutions by offering generous academic loans to these individual with commitments to "forgive" these loans if the graduate will return to work as an RN for a given period of time.

Thank you for the opportunity to comment on this Alaska Health Care issue.

Sincerely,



David J. Schraer, MD
Chief, Area Patient Care Standards Br.

*Reference: American Organization Nurse Executives, American Hospital Association.

Tanana Chiefs Conference, Inc.

201 First Ave.
Fairbanks, Alaska 99701
(907) 452-8251

FEB 11 1988

FEB. 8, 1988

REP. JOHNNY ELLIS
HOUSE HESS COMMITTEE
ALASKA STATE LEGISLATURE
POUCH V
JUNEAU, ALASKA

REFERENCE: HB 409: HEALTH PROVIDER STUDENT LOAN FORGIVENESS

DEAR REP. ELLIS:

THIS IS IN RESPONSE TO YOUR LETTER OF FEBRUARY 5, 1988 REQUESTING COMMENTS CONCERNING HB409, SUPPORTING LOAN FORGIVENESS FOR HEALTH PROFESSIONAL STUDENT LOANS.

THE TANANA CHIEFS CONFERENCE, INC. IS SUPPORTIVE OF THIS PROPOSED LEGISLATION.

HEALTH PROFESSIONAL RECRUITMENT IS AN ON-GOING CONCERN FOR US, ALTHOUGH FAIRBANKS IS GENERALLY ONE OF THE MORE DESIRABLE LOCATIONS FOR PROFESSIONALS IN ALASKA, AND WE HAVE LESS OF A PROBLEM THAN MANY OF THE OTHER REGIONS OF THE STATE.

OUR MOST SIGNIFICANT RECRUITMENT PROBLEM HAS BEEN FOR A REGIONAL PSYCHIATRIST TO SERVE INTERIOR ALASKA VILLAGES. WE ARE A DESIGNATED PSYCHIATRIC MANPOWER SHORTAGE AREA, AND HAVE NOT BEEN ABLE TO FIND A CANDIDATE DESPITE NEARLY TWO YEARS OF ACTIVE RECRUITMENT (FINANCING IS ALSO A PROBLEM: WE HAVE REQUESTED AN INCREASE IN OUR DHSS B.R.U. TO PROVIDE THIS SUPPORT).

OTHER ONGOING RECRUITING NEEDS INCLUDE PHYSICIAN'S ASSISTANTS TO SERVE AS PRIMARY CARE PROVIDERS AND HEALTH AIDE SUPERVISORS (CURRENT VACANCIES IN TOK AND MCGRATH), AND MENTAL HEALTH CLINICIANS (MSW OR PHD). WE HAVE REGULAR VACANCIES IN THESE TYPES OF POSITIONS (EVERY TWO-THREE YEARS).

RECRUITMENT FOR PHYSICIANS, DENTISTS, AND NURSES HAS NOT BEEN A SIGNIFICANT PROBLEM FOR US, ALTHOUGH WE WOULD PREFER TO HIRE INDIVIDUALS WHO HAVE ALASKA EXPERIENCE VS. RELOCATING INDIVIDUALS FROM THE LOWER 48.

ONE AREA OF CRITICAL CONCERN FOR THE TCC IS THE DEVELOPMENT OF ALASKA NATIVE HEALTH CARE PROFESSIONALS. AT PRESENT ONLY TEN PERCENT OF PROFESSIONAL PROVIDERS SERVING THE RURAL INTERIOR ARE ALASKA NATIVE (TWO PHYSICIANS ASSISTANTS AND ONE DEPARTMENT MANAGER). SUCCESSFUL NATIVE COLLEGE GRADUATES SEEM TO BE CHOOSING CAREERS IN EDUCATION AND BUSINESS RATHER THAN HEALTH CARE PROFESSIONS.

LETTER TO REP. ELLIS

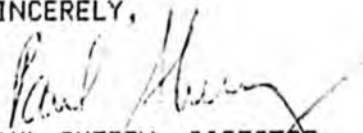
PAGE TWO

THE PROVISIONS OF HB489 WOULD APPEAR TO PROVIDE RELIEF AND SUPPORT FOR OUR EFFORTS TO INCREASE ALASKAN HIRE IN HEALTH PROFESSIONS.

THE FORGIVENESS PROVISIONS WOULD ENCOURAGE COLLEGE STUDENTS TO MORE FAVORABLY CONSIDER HEALTH CAREERS, AND INCREASE THE AVAILABILITY OF PROFESSIONALS WHO WOULD MAKE A LONGER TERM COMMITMENT TO ALASKAN SERVICE.

YOU HAVE THE SUPPORT OF THE TANANA CHIEFS CONFERENCE, INC. IN YOUR EFFORTS TO ENACT THIS LEGISLATION.

SINCERELY,


PAUL SHERRY, DIRECTOR
DEPT. OF HEALTH SERVICES

CC: SEN. JOHNE BINKLEY
REP. KAY WALLIS
MITCH DEMIENTIEFF, TCC PRESIDENT



P.O. BOX 966
NOME, ALASKA 99762
(907) 413-5111

HEALTH CORPORATION

March 7, 1988

Leola M. Weimer
Legislative Aide for Rep. Ellis
Alaska State Legislature House
Pouch V
Juneau, Alaska 99811

Dear Mrs. Weimer:

I have recently become aware of House Bill 409, an act relating to the forgiveness of student loans of certain health care professionals. I have phoned my comments in support of this bill to our local legislative affairs office in Nome, and I would like to address my comments further on paper via this letter.

I am an Alaska Student Loan Recipient in an amount greater than \$20,000. I am a physician employed by Norton Sound Health Corporation and have been practicing here since graduation from my residency in August 1986. I am an Alaska resident since 1975 and had always planned on returning to Alaska to work upon completing my education. I am currently finishing a 2 year contract with Norton Sound Health Corporation and have recently extended my contract for an additional 2 years to be served in the Norton Sound area.

Since coming here I have discovered that recruitment of medical personnel is tenuous at best. This applies not only to physicians staff, but other ancillary medical personnel as well. As I understand House Bill 409, it appears to be an honest attempt at dealing with this problem faced by rural communities in Alaska.

Though the current bill would not have affected my decision to return to Alaska, it certainly could impact on my decision to stay for a longer period of time in a rural community. More specifically, under my current loan agreement if I practice in Alaska for a period of 6 years I will have 40% of my loan forgiven. Under those provisions I might choose to work 2 years on a rural setting and then move to a more comfortable and perhaps more profitable location in the state. However with the provisions of House Bill 409 I can have complete loan forgiveness after a period of 6 years thus encouraging me to stay for an extended period in a rural community. It is my feeling that others faced with this opportunity would feel the same, electing to stay for longer periods of time in a rural community, with the added benefit of increased continuity of care for the peoples of those communities.

This is growing lengthy, but I wish to express my support for House Bill 409 and encourage your efforts along these lines. If you have any questions please feel free to contact me.

Sincerely,

Byron Perkins, D.O.

BP:m

the Longevity Bonus in the continuum of services to older adults.

In its efforts to serve older people, the Older Alaskans Commission is one of the primary funding sources for community- and home-based services in Alaska. It also plays an important role in planning, promoting, and developing these services.

The Older Alaskans Commission is charged with reviewing and evaluating state programs concerned with the problems and needs of older Alaskans. Under AS 44.21, the Older Alaskans Commission is not permitted to review Pioneers' Homes or the Longevity Bonus program. Not to consider these programs when planning for needs of older Alaskans is to ignore important resources and programs available to some older Alaskans. To develop the most effective continuum of services for older Alaskans, it is necessary that decisions made by the Older Alaskans Commission accurately reflect the environment in which services are delivered.

Implementation: Legislation is required to amend AS 44.21 to permit the Older Alaskans Commission to consider the Pioneers' Homes and the Longevity Bonus program.

36. Shortage of Health Professionals and Paraprofessionals

Findings

- The availability of an adequate number of properly trained health care workers, at both the professional and the paraprofessional levels, is necessary to assure access to health care and the quality of that care. A shortage of health care workers will increase the cost of care as providers compete for scarce workers by increasing wages.
- Alaska currently faces a shortage of certain health professionals and paraprofessionals. National trends indicate this problem may increase.
- Many Alaskans might become or remain in the health care profession if appropriate training opportunities were more readily available.

Recommendation

The state should address the need for health professionals and paraprofessionals in Alaska by:

Providing a training continuum from the level of home health aide to nurse with graduate level of education through the state-funded university system;

targeting student loan forgiveness programs to health professionals whose primary practice is in medically underserved areas; and

extending third-party reimbursement to mid-level licensed health practitioners.

1988 Legislative Update: Senate Bill 315 (Chapter 56 SLA 1988) requires health insurers to reimburse consumers for services provided by advanced nurse-practitioners.

Testimony indicates that Alaska currently faces a statewide shortage of nurses and physical therapists. In rural areas, there is a need for more rural health aides and personal care attendants. Current national trends in the demand for and training of various kinds of health care workers suggest that shortages of health care workers will worsen in the future.

The state must take action to ensure that Alaska has an adequate number of health care workers. Besides reducing access, a shortage of health care professionals and paraprofessionals can affect the quality and cost of care.

To foster an adequate supply of health professionals and paraprofessionals, the state should ensure that residents have access to an educational ladder that provides training for those entering the health professions at the lowest levels and for those seeking to move to a higher skill level.

By providing a training continuum, the state avoids health facilities' being forced to train their own paraprofessionals or hire from outside Alaska. This continuum would also prevent Alaskans from having to leave the state for training. It is important that this training be accessible to people throughout the state. Limiting programs to one or two campuses will not meet the needs of those who cannot relocate for training.

Some areas of Alaska will always have difficulty attracting health professionals. A wide range of services are needed. Many medical specialties, such as obstetrics and psychiatry, are not accessible in many parts of rural Alaska. Targeting student loan forgiveness programs to health professionals whose primary practice is in a medically underserved area is a means by which the state can encourage professionals to locate in those areas.

Extending third-party coverage to mid-level licensed practitioners is another way for the state to encourage access to care. By including mid-level licensed practitioners under Medicaid and GRM and by requiring private insurance to reimburse for care they provide, the state increases clients' ability to purchase their services.

Cost: The student loan forgiveness program would have to be funded; the cost would depend on the success of the program. Developing a training continuum might require additional funds, although most of the components of the program already exist.

Implementation: Legislative action is required to enact the student loan forgiveness program, to adopt Medicaid options for covering licensed mid-level practitioners, and to mandate private insurance coverage of mid-level practitioners.

37.

State and Federal Coordination

Finding

- Health care delivery in Alaska would benefit from closer cooperation between state and federal agencies involved in health-related services.

Recommendation

The state should endeavor to coordinate planning and provision of health care with federal agencies.

The federal government provides health care in Alaska through a variety of programs, including the Indian Health Service, the Veterans Administration, the military, Medicare, and Medicaid. Commission testimony and discussion raised

concerns about the provision of health care services by the federal government. The issue of cost shifting between federal and state programs and a general uncertainty about federal policies and their future direction were both identified as problems the state must address. State and federal coordination of planning and health care delivery will allow more efficient use of resources.

Cost: Coordination can be implemented at no additional cost to the state.

Implementation: Coordination of planning and provision of health care can be accomplished through administrative activities of state and federal health care agencies.

38.

Medical Liability Insurance

Findings

- An estimated 10 percent of every medical bill in Alaska goes for medical liability insurance.
- Medical liability insurance premiums in Alaska more than doubled between 1985 and 1988.
- Nationally, it is estimated that 15 percent of health care expenditures pays for defensive medicine.
- Rural providers, especially those providing obstetrical care, have been particularly hard hit by the increase in medical liability insurance.
- Health providers are not the only professions that face problems with the availability and affordability of liability insurance. Addressing the problem comprehensively requires the involvement of many professions and industries and the consideration of insurance regulation and tort reform.

Recommendation

The Governor should appoint and fund a Liability Insurance Task Force, outside the legislative process, in an effort to achieve meaningful liability insurance reform. The task force should include: one legislator each from the Alaska House and Senate, and representatives from the trial lawyers, medical doctors, the Alaska Chamber of Commerce,

permanent fund dividend of a borrower may be taken under AS 43.23.065(b)(4) to satisfy the balance due on the defaulted loan.

(j) *[Repealed, § 19 ch 92 SLA 1987.]*

(k) Periodic installments of principal shall be deferred, but interest shall accrue and be paid unless the student is eligible for interest payment benefits under (h) of this section during any of the following:

- (1) return to student status as provided in (c) of this section;
- (2) serving an initial period of up to six years on active duty as a member of the armed forces of the United States;
- (3) serving, for up to three years, as a full-time volunteer under the Peace Corps Act;
- (4) serving, for up to three years, as a full-time volunteer under the Domestic Volunteer Service Act of 1973;
- (5) for a one-time period up to 12 months in which the borrower is seeking and unable to find employment in the United States; or
- (6) if the borrower becomes 50 percent or more disabled as certified by competent medical authority.

(l) The state shall pay the interest on that portion of a loan that is not federally insured during

- (1) the period in which the borrower is a full-time student;
- (2) deferments under (k) of this section.

(m) In case of hardship, the committee may extend repayment of a loan for an additional period of up to five years in increments no longer than 12 months each.

(n) *[Repealed, § 11 ch 89 SLA 1981.]*

(o) *[Repealed, § 19 ch 92 SLA 1987.]*

(p) For purposes of this section, a person qualifies as a resident if the person is physically present in the state with the intent to remain permanently in the state or, if not physically present in the state, the person intends to return to the state and is absent due to military service.

(q) For the purposes of this section a loan is in default if a loan payment is 120 or more days past due.

(r) The rate of interest, time of payment of an installment of principal or interest, or other terms of a scholarship loan may be modified if required to establish or maintain tax-exempt status under 26 U.S.C. 103 (Internal Revenue Code of 1986), as amended, for the interest on bonds issued by the Alaska Student Loan Corporation. (§ 1 ch 98 SLA 1971; am § 4 ch 156 SLA 1972; am § 6 ch 78 SLA 1974; am § 8 ch 136 SLA 1974; am §§ 1 — 4 ch 99 SLA 1977; am §§ 3 — 8 ch 87 SLA 1979; am §§ 3 — 9, 11 ch 89 SLA 1981; am §§ 2 — 4 ch 158 SLA 1984; am § 3 ch 34 SLA 1985; am §§ 3, 4 ch 65 SLA 1986; am §§ 5 — 9, 19 ch 92 SLA 1987)

Revisor's notes. — Formerly AS 14.40.763. Renumbered in 1982.

In 1987, "Secretary" was substituted for "Commissioner" in (b)(2)(C) of this section to conform to the change in federal law.

Effect of amendments. — The 1984 amendment added subsection (q) and, in subsection (f), added the second sentence and added "unless the loan is in default" at the end of the first sentence; and, in subsection (o), substituted "that is in default" for "to a borrower named in a complaint as a defendant in an action by the state or by the commission to secure payment of the unpaid balance of a loan made under AS 14.43.110 or 14.43.115."

The 1985 amendment inserted "an initial period of up to six years" in paragraph (2) of subsection (k).

The 1986 amendment rewrote subsection (b) and in subsection (f) substituted "eight" for "five" in the first sentence.

The 1987 amendment added subsection (d)(4); in subsection (h) substituted "a loan" for "the loans" and "all" for "attorney," deleted "of court if either or both are" following "costs" and added "if it becomes delinquent or in default"; added the last sentence of subsection (i); in subsection (f) substituted "shall" for "will" in the introductory language and substituted "in which the borrower is a full-time student" for "before the beginning of the repayment period of the loan" at the end of paragraph (1); added subsection (r); and repealed subsections (j) and (o).

Legislative history reports. — For a report of legislative intent concerning the loan forgiveness provisions of ch. 89, SLA 1981 (FCCSSB 120), see 1981 Senate Journal p. 1560, 1580; 1981 House Journal p. 2289.

Sec. 14.43.125. Eligibility of students. (a) A person may apply for and obtain a scholarship loan if the person

(1) is

(A) enrolled as a full-time student in a career education, associate, baccalaureate, or graduate degree program; or

(B) a graduate of a high school or the equivalent, or scheduled for graduation from a high school within six months, with sufficient credits to be admitted to a career education program or to an accredited college or university;

(2) is not delinquent or in default on a previously awarded scholarship loan; and

(3) is a resident of the state at the time of application for the loan; for purposes of this section, a person qualifies as a resident of the state if at the time of application for the loan the person

(A) has been physically present in the state for at least two years immediately before the time of application for the loan;

(B) is dependent on a parent or guardian for care, the parent or guardian has been present in the state for at least two years immediately before the time of application for the loan and the person has been present in the state for at least one year of the immediately preceding five years except that the commission may by a two-thirds vote, acting upon a written appeal by the person, grant an exemption to the requirement that the person has been present in the state for one year of the immediately preceding five years;

(C) has been physically present in the state, or is a dependent of a parent or guardian who has been physically present in the state, for at least two years immediately before the applicant was absent from the state and the absence is due to military service.

and in accordance with the regulations adopted by the committee. The adoption of these regulations is subject to the Administrative Procedure Act (AS 44.62). A summary of the regulations shall be distributed to each applicant. (§ 1 ch 98 SLA 1971; am § 5 ch 136 SLA 1974)

Revisor's notes. — Formerly AS 14.40.757. Renumbered in 1982.

Sec. 14.43.110. Undergraduate loans. The student financial aid committee may make a loan, not to exceed \$5,500 in any one school year, to an undergraduate student eligible under AS 14.43.125. The committee may make a loan for a summer term, even if the total loan for the school year exceeds the \$5,500 maximum, if the loan for the summer term is counted against the \$5,500 maximum for the following school year. (§ 1 ch 98 SLA 1971; am § 6 ch 136 SLA 1974; am § 1 ch 153 SLA 1978; am § 1 ch 89 SLA 1981; am § 1 ch 34 SLA 1985; am § 1 ch 65 SLA 1986)

Revisor's notes. — Formerly AS 14.40.759. Renumbered in 1982.

Effect of amendments. — The 1985 amendment added the second sentence of the section.

The 1986 amendment inserted "student financial aid" in the first sentence and substituted "\$5,500" for "\$6,000" in three places in the section.

Sec. 14.43.115. Graduate loans. The student financial aid committee may make a loan, not to exceed \$6,500 in any one school year, to a graduate student who is eligible under AS 14.43.125 and is pursuing an advanced degree. The committee may make a loan for a summer term, even if the total loan for the school year exceeds the \$6,500 maximum, if the loan for the summer term is counted against the \$6,500 maximum for the following school year. (§ 1 ch 98 SLA 1971; am § 7 ch 136 SLA 1974; am § 2 ch 89 SLA 1981; am § 2 ch 34 SLA 1985; am § 2 ch 65 SLA 1986)

Revisor's notes. — Formerly AS 14.40.761. Renumbered in 1982.

Effect of amendments. — The 1985 amendment added the second sentence.

The 1986 amendment inserted "student financial aid" in the first sentence and substituted "\$6,500" for "\$7,000" in three places in the section.

Sec. 14.43.120. Conditions of loans. (a) Proceeds from scholarship loans may only be used for books, tuition and required fees, and for room and board.

(b) Scholarship loans may only be used to attend a

(1) career education program that has been approved by the commission before July 1, 1986, or has been operating for at least two years before the borrower attends; or

has been operating for at least two years before the borrower attends.

(B) is accredited by a national or regional accreditation association recognized by the Council on Postsecondary Accreditation or is approved by the commission; and

(C) if the loans are federally insured, is approved by the United States Secretary of Education.

(c) To maintain a loan the student must continue to be enrolled as a full-time student in good standing in a career education program, college or university designated under (b) of this section. The commission shall adopt regulations defining "good standing" for purposes of this subsection.

(d) Scholarship loans may not be made to a student

(1) for more than five years of undergraduate study;

(2) for more than five years of graduate study;

(3) for more than a total of eight years of undergraduate and graduate study;

(4) to attend an institution, other than a nonprofit institution, if the total amount of scholarship loans made to students to attend that institution exceeds \$100,000 and the default rate on those loans exceeds the program default rate by more than 150 percent as defined by regulation.

(e) Loans are interest bearing while a student is enrolled under (c) of this section or is receiving a deferment of payments under (k) of this section; however, a student is entitled to have a portion of the interest paid in accordance with (l) of this section.

(f) Interest on a loan given under AS 14.43.090 — 14.43.160 is at the rate of eight percent a year unless the loan is in default. Interest on a loan that is in default is 10 percent a year for the period the loan is in default.

(g) Repayment of the principal and interest on the loan begins no later than one year after the borrower's studies are terminated. The loan shall provide for repayment of the total amount owed in periodic installments in not more than 10 years from the commencement of repayment, except as provided in (k) and (m) of this section. If the commission and the borrower agree to a different repayment schedule, the borrower shall repay the loan in accordance with the agreement. A borrower may make payments earlier than required by this subsection.

(h) Security may not be required for a loan; however, provision shall be made for payment of all fees and costs incurred in collection of the amount owed on the loan if it becomes delinquent or in default.

(i) If a loan is in default, the commission shall notify the borrower that repayment of the remaining balance is accelerated and due by sending the borrower a notice by registered or certified mail. The

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

CAMPUS MAILING SERVICES XA-10

FACSIMILE INFORMATION SHEET

TO: Hayden Kaden
ADDRESS: % Rep. Goll's office
CITY & STATE: Alaska State Legislature

FAX Phone No.: 907-465-3700
No. of Pages
Including
Cover Sheet: 12

FROM: Henry Stoll
Dept: MEDEX Northwest PA Program
Mail Stop: HA-45

FAX Phone No.: 206-543-4385
Phone No.: 206-543-6483

Additional Information: _____

If you do not receive all the pages please call (206) 543-6483 as soon as possible.

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**MEDEX
Northwest**

Physician Assistant Training

March 2, 1989

Hayden Kaden
Assistant to Representative Goll
Alaska State Legislature

Dear Mr. Kaden:

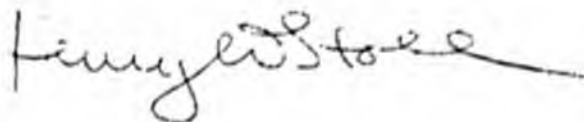
I am happy to respond to your request for information about our physician assistant program. MEDEX Northwest is the only PA training program in the Northwest, and as such, we feel a special responsibility to regional applicants. In the last ten years, for example, Alaskans have been the second largest group in our classes after Washington residents. We send faculty to Alaska to interview and recruit applicants each year, and have made specific efforts to identify potential applicants and get them started on 2-3 year preparation programs to get ready for our training process. The result, as you can see from some of the enclosed admissions statistics, is a nice upward trend in the number of Alaskan applicants we are seeing.

Once students are in our program, they must come to Seattle for the first nine months of classroom-based instruction at the University of Washington. After that, they go into a full-time clinical year leading to graduation. A cornerstone of our efforts with Alaskan and other rural applicants is to send them back their communities for the clinical year whenever possible. This is not only good for the student and their family, but it also helps to encourage employment back in Alaska following graduation. Between 1981 and 1988, for example, we trained 29 Alaskans and all but three returned to Alaska for employment. Twenty one of the 29 took jobs in rural areas.

Using this principle, we have had good results in successfully training a number of Native Alaskans who have come out of the Community Health Aide system. We are very proud of our Native Alaskan graduates, but we also care about non-Native Alaskans as well. Relocation and tuition costs are usually the greatest barriers faced by these students. Our Native Alaskans are often supported financially by their tribal health corporations, and we would love to see any form of state tuition support for the non-Natives. There is no difference between in-state and out-of-state tuition in our program, but college-level financial aid resources for all students have been shrinking in recent years.

In summary, I hope that the legislature would favorably consider any inclusion of physician assistant training in its efforts to support Alaskan students who must go out-of-state for their education. I think we can show in the case of our program that this usually leads to successful graduation of well-trained health care providers and their return to Alaskan communities that need them.

Sincerely,



Henry W. Stoll, PA-C
Assistant Director

MEDEX Northwest

STUDENT CHARACTERISTICS

Classes XI - XXII

Year Entered Class	1977 XI	1978 XII	1979 XIII	1980 XIV	1981 XV	1982 XVI	1983 XVII	1984 XVIII	1985 XIX	1986 XX	1987 XXI	1988 XXII
Total number enrolled	21	20	22	20	21	24	24	24	26	25	24	28
Total number graduated	21	19	21	18	20	23	23	23	24	24	NA	NA
Total number females	9	8	11	13	8	16	10	11	14	13	13	17
Total number corpsmen	5	8	5	3	6	4	6	5	9	5	5	5
Total number nurses (RN's)	7	6	7	4	9	7	4	2	7	7	3	6
Total minority students	4	3	2	4	5	5	7	6	9	4	8	5
Native American (AK, Natchoo)	0	1	2	2	0	2	4	3	5	2	2	1
Hispanic	2	2	0	1	3	2	1	1	0	1	1	1
Black	1	0	0	0	1	0	2	1	1	1	2	1
Asian	1	0	0	0	2	1	0	1	3	0	3	1
Other												1
Total number with prior baccalaureate	9	5	8	6	5	2	9	7	7	13	10	5
Total number with at least 2 years prior college experience	7	10	7	4	10	16	14	16	14	5	9	21
State of origin												
Washington	16	12	14	10	14	11	12	15	19	17	12	19
Alaska	1	0	3	1	2	5	6	5	4	3	4	3
Oregon	2	4	0	3	2	5	1	3	1	2	3	1
Idaho	1	0	0	0	0	1	0	0	0	0	0	1
Montana	1	0	0	0	0	0	0	0	0	0	2	2
Hawaii	0	0	0	0	1	2	1	0	0	0	0	0
Other	0	3	4	4	1	0	3	1	2	2	3	2

FILE: MXDATA1

DISK: Sharon's student data/Lotus

UPDATED: 11/30/88

MEDEX Northwest Physician Assistant Program

Admissions Statistics: 1977-87

	'77	'78	'79	'80	'81	'82	'83	'84	'85	'86	'87	% of Total
Total number enrolled	21	20	22	20	21	24	24	24	26	24	24	
Total number graduates	21	19	21	18	20	23	23	23	24	NA	NA	
Total number women	9	8	11	13	8	16	10	11	14	13	13	50%
Total number minorities	4	3	2	4	5	5	7	6	9	4	8	23%
Native American	0	1	2	2	0	2	4	3	5	2	2	9%
Hispanics	2	2	0	1	3	2	1	1	0	1	1	6%
Blacks	1	0	0	0	1	0	2	1	1	1	2	4%
Asians	1	0	0	0	2	1	0	1	3	0	3	4%
State of origin												
West region	16	12	14	10	14	11	12	15	19	17	14	62%
Alaska	1	0	3	1	2	5	6	5	4	3	4	14%
Oregon	2	4	0	3	2	5	1	3	1	2	2	10%
Idaho	1	0	0	0	0	1	0	0	0	0	0	1%
Montana	1	0	0	0	1	2	1	0	0	0	0	2%
Other	0	3	4	4	2	2	4	1	2	2	3	11%

MDEX APPLICANTS: STATISTICS ON SCREENING DATA

DESCRIPTION	X 76-77	XI 77-78	XII 78-79	XIII 79-80	XIV 80-81	XV 81-82	XVI 82-83	XVII 83-85	XVIII 84-86	XIX 85-87	XX 86-88	XXI 87-89	XXII 88-90	XXIII 88-91
TOTAL NUMBER OF FINAL APPLICANTS	200	191	187	205	163	154	94	98	126	114	99	93	145	164
TOTAL MALE	156	145	145	145	145	99	55	68	75	60	52	46	67	76
TOTAL FEMALE	44	46	42	60	18	55	39	30	51	54	47	47	78	88
ETHNIC ORIGIN														
Caucasian	189	161	158	182	137	133	78	85	110	89	82	71	74	80
Black	4	10	8	4	9	2	3	4	3	6	7	4	3	7
American Indian	1	8	10	10	9	5	5	4	7	8	3	8	11	14
Asian	2	3	3	2	5	6	3	3	5	6	3	7	5	3
Hispanic	4	9	8	6	3	7	2	2	1	5	4	3	2	4
Other													3	2
Unknown													46	53
AVERAGE AGE	28	29	29	28	29	29	31	30	31	32	33	34	32	32
EDUCATION														
BSN	3	12	6	7	7	5	5	8	5	7	4	1	6	10
RN (3 yrs)	19	15	17	16	26	30	9	4	4	2	1	1	3	2
ASN	NA	NA	NA	NA	NA	NA	NA	2	5	5	11	9	15	14
LPN	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10	7
AS/AA	NA	NA	NA	NA	NA	NA	NA	13	15	18	11	14	36	47
BS/BA	NA	NA	NA	NA	NA	NA	NA	24	34	31	29	21	35	53
MS/MA	NA	NA	NA	NA	NA	NA	NA	2	5	3	1	1	1	5
Paramedics	NA	NA	NA	NA	NA	NA	NA	4	8	9	6	6	14	11
Other	178	164	164	182	130	119	80	41	50	47	41	53	50	59
MILITARY	NA	121	124	118	85	67	34	35	43	31	32	17	44	48
NON-MILITARY	NA	71	71	87	78	87	60	63	83	83	67	76	101	116
GEOGRAPHIC AREA														
Washington	NA	97	90	99	78	83	46	40	62	70	54	44	69	91
Oregon	NA	15	16	9	11	14	10	12	13	9	10	9	9	8
Alaska	NA	8	4	8	4	11	13	13	13	7	7	13	29	31
California	NA	26	29	33	27	16	6	11	8	7	5	5	12	9
Idaho	NA	NA	NA	NA	NA	NA	NA	1	2	2	0	3	3	2
Other	4	45	47	56	43	30	19	21	28	9	23	19	21	23
PRECEPTORSHIP														
Prenatched	14	36	28	51	56	55	33	37	NA	16	38	30	NA	NA
Unmatched	186	155	159	154	107	99	61	61	NA	98	61	63	NA	NA
TOTALS	200	191	187	205	163	154	94	98	126	114	99	93	145	164

NA = Data Not Collected

FILE: MEXDATA2 DISK: Sharon's student data UPDATED: 1/28/88

COURSE DESCRIPTIONS

AUTUMN

HSERV 451 - Anatomy and Physiology

(6 cr.) Students are taught the anatomy and physiology of the following organ systems: EENT, respiratory, cardiovascular, gastrointestinal, genitourinary, gynecologic (including normal pregnancy), integumentary musculoskeletal, and neurologic. Focus on clinical examples of anatomic and physiologic principles encountered in primary care practice. Prerequisite: Admission to the MEDEX program.

HSERV 453 - Basic Clinical Skills

(6 cr.) Provides the student with mastery of a screening history and physical examination and thoroughness in data-collection skills. Branching examinations of major organ systems and medical recordkeeping and verbal presentation skills by the problem-oriented method are taught. Prerequisite: Admission to the MEDEX program.

HSERV 457 - Behavioral Science Skills I

(3 cr.) Process skills and interpersonal skills needed for primary-care practice, assessment skills needed for the diagnosis of emotional problems, and management skills used in primary-care practice to deal with these problems. Prerequisite: Admission to the MEDEX program.

WINTER

HSERV 454 - Adult Medicine I

(10 cr.) Problem oriented approach to the diagnosis and management of common primary care conditions. Introduction to relevant laboratory and radiological procedures. Organ system approach covers HEENT, respiratory, cardiovascular, gastrointestinal and hematologic systems.

HSERV 458 - Behavioral Science Skills II

(3 cr.) In-depth coverage of common emotional problems seen in primary care. Topics include crisis intervention, child abuse, death and dying, life planning, behavioral modification and family therapy techniques. Prerequisites: 451, 453, 457, or permission of instructor.

HSERV 460 - Principles of Patient Management

(2 cr.) Systematic approach to patient management applicable to a primary care setting. Course devoted to drug therapy and its administration with the text developed specifically for the course; other topics include recordkeeping by a problem-oriented system and nonpharmacological therapeutic modes. Prerequisite: Admission to MEDEX program.

HSERV 452 - Basic Clinical Pathology

(3 cr.) Basic pathological and pathophysiological concepts of diseases commonly encountered in primary-care practice. Pathophysiology studied per organ system. Prerequisite: 451, 453, 457, or permission of instructor.

SPRING

HSERV 456 - Pediatrics

(5 cr.) Designed to acquaint students with basic primary-care pediatrics; includes pediatric physical diagnosis and history taking; child development and common pediatric problems. Concepts of health maintenance for children and well-child care are covered. Prerequisite: 451, 453 and 457.

HSERV 459 - Behavioral Science Skills III

(3 cr.) A continuation of HSERV 458 with the inclusion of topics such as human sexuality, alcohol and drugs and problems with aging. Prerequisite: 458.

HSERV 461 - Principles of Patient Management II

(2 cr.) Basic concepts of health promotion and disease prevention. Patient education techniques regarding good habit management, exercise physiology, stress management and smoking cessation. Prevention and management of chronic disease including risk factor identification and screening for cancer, diabetes, hypertension, coronary artery disease and chronic obstructive pulmonary disease.

HSERV 455 - Adult Medicine II

(10 cr.) Continuation of HSERV 454. Problem-oriented approach to the diagnosis and initial management of common primary-care conditions. Introduction to relevant laboratory and radiological procedures. Organ system approach covers endocrine, renal, reproductive, dermatologic, musculoskeletal and neurological systems.

HSERV 463 - Clinical Clerkship I (19 cr.)

HSERV 465 - Clinical Clerkship II (19 cr.)

Clinical practice in a selected institution-based or specialty practice settings, such as occupational health, surgery, emergency medicine, psychiatry or geriatrics. Each selective includes seminars or self-study in combination with concentrated clinical experience. Prerequisite: Permission of instructor. Offered credit/no credit only.

HSERV 466 - Family Practice Clerkship I (19 cr.)

HSERV 467 - Family Practice Clerkship II (19 cr.)

Preceptorship is conducted under the supervision of a family practice physician. Preceptorships are located throughout the Pacific Northwest. Students are trained to deal with common primary care problems and both students and preceptor are educated in the utilization and management of the physician Assistant in practice. Students keep computerized records of patient encounters and complete a variety of written assignments in addition to their clinical experience. Offered on credit/no credit basis only.

007

03/02/89 15:45

TRAINING ALASKA NATIVE PHYSICIAN ASSISTANTS:
A UNIQUE APPROACH

submitted by

Ruth Ballweg PA-C
Program Director
MEDEX Northwest
Physician Assistant Program
School of Public Health & Community Medicine
University of Washington
3731 University Way NE #301
Seattle, Washington 98105
206-543-6483

Dec' 86

TRAINING ALASKA NATIVE PHYSICIAN ASSISTANTS: A UNIQUE APPROACH

The provision of health care in "Bush" Alaska has always presented unique problems. As the health care system in Alaska has evolved in the last 15 years, physician assistants have proven to be the appropriate persons for certain critical positions. The State of Alaska has the highest per-capita population of physician assistants, 33.8 per 100,000 population. Previously, the lack of Native Alaskan health care medical personnel has necessitated the recruitment of these health care providers from outside of Alaska. In actual practice, individuals from the "lower 48" are seldom equipped to deal with the isolation of Bush communities and rarely remain in rural clinics. This high turnover rate has resulted in a serious discontinuity of health care. In 1980, the University of Washington's MEDEX Northwest Physician Assistant Training Program initiated a project to recruit rural Alaskans and Community Health Aides specifically, as physician assistants. Located in the School of Public Health, MEDEX historically has trained previously experienced health care workers as PAs, with an emphasis on placement in underserved areas. The Alaska Community Health Aides, with their unique training and experience in primary care have made excellent PA candidates. Since 1981, 29 Alaskans have been admitted to MEDEX Physician Assistant training. Twenty-five of these have come from rural communities and 17 are former Community Health Aides. Of the rural Alaskans, all but three have returned to their regions.

A MEDEX Northwest outreach faculty member, based at the University of Alaska, Fairbanks, recruits Community Health Aides for physician assistant training through networks of health care professionals, administrators, health aide trainers, and village leaders. Many of these health aides may have been tracked and advised by the MEDEX faculty member for several years before finalizing their application. During that time they may gain additional clinical experience or complete correspondence courses to meet academic requirements. Each year, qualified applicants are invited to a one-day selection conference in Anchorage. Using a modified Peace Corps style interview in which each applicant is interviewed by several interviewers, applicants engage in a dialogue with practicing physicians and physician assistants about their career choice, training considerations and commitment to returning to Alaska after training.

Selection decisions for entry into physician assistant training are made by the MEDEX faculty with the advice of the Alaska interviewers. After notification of their acceptance, Alaska students begin an intensive period of preparatory activities during the 5 months prior to their arrival in Seattle. Beginning in 1988, as a result of funding from the Health Career Opportunities Program, these students will also benefit from a 5 week "Bridge" program on the University of Alaska campus, designed to assist in the cross-cultural transition which has been particularly stressful for these rural students. Topics which are projected for this bridging activity include reinforcement of academic material, orientation to a University system, time management, study skills, and both oral and written communication of clinical findings. The MEDEX faculty looks forward to the implementation of this bridge program as a positive introduction to what is a major change in these PA students' lives.

Originating in the campaign against tuberculosis in the 1950's, the Community Health Aide system serves predominately small Native communities (populations of 25-750) more than 30 minutes by air or road to a tertiary health care center. There are now resident community health aides providing health care in 171 villages in Alaska. Community health aides are selected by their village councils according to the following qualifications: (1) local residency in a community with an intent to remain; (2) ability to read and write English; (3) ability, where applicable, to speak the local Native dialect; (4) dependability and ability to keep medical information confidential; (5) physical ability to handle the job; (6) acceptability to most of the people in the community; and (7) willingness to leave home for periods of training.

Basic training of community health aides includes ten weeks of formal training divided into three sessions, a 30 hour preceptorship in an Alaskan Native Health Service hospital or clinic, a written examination, and demonstrated ability at the work-site. Community health aides are supervised by coordinator/instructors employed by the regional health corporations. The CHA is generally the only resident health care provider in the village capable of delivering primary health care for most common illnesses. In most instances, this means that the CHA is on call 24 hours per day. In addition to medical duties, the CHA is usually the contact point in the community for health related matters. She or he arranges for visits of itinerant physicians and nurses, receives and transmits instructions for patients, and participates in special programs such as Hepatitis B screening and immunization. The CHA also serves as interpreter for visiting health care professionals, and provides outreach services for nutrition and well-child projects. The community also relies on the CHA for assistance in counseling and in behavioral emergencies involving alcoholism or psychiatric crisis. Most CHAs work out of a village clinic although some conduct their practices out of their homes. Clinics vary widely in size, amenities and maintenance. A standardized supply of medications is supplied by the Alaska Native Health Service.

Upon arrival in Seattle, the Alaska students are assigned to a MEDEX faculty member who is responsible for support and retention activities. The MEDEX didactic training at the University is 9 months in length and is noted for its effectiveness as well as its intensity. Based on a model of competency based learning, the curriculum requires a minimum score of 80 per cent on all course materials. Specific objectives are used for all courses and competition between students is discouraged. The varied past medical experiences of the 24 students in the program increase student's learning opportunities as previous clinical experiences are correlated with course materials. The curriculum provides for frequent testing and evaluation of student progress allowing for early identification of academic or clinical weakness and rapid implementation of tutoring activities.

In addition to classroom work, students are assigned to half-day clinical experiences to reinforce didactic course material. Alaskan students are provided with experiences in which there is cross-cultural awareness as well as exposure to supportive physician assistant role models.

Throughout the University phase of training, the MEDEX Seattle faculty reports to the Alaska faculty members concerning the progress of the Alaska students. This information assists in developing preparatory materials for future students as well as assisting the Alaska faculty in individualizing clinical assignments for the final 12 months of training.

Upon completion of the 9 months of didactic training, the students return to Alaska for full-time clinical training. This clinical experience is supervised by the Alaska MEDEX Outreach faculty who previously recruited these students, assisted in their preparation for entry, and developed the bridging activities on the Fairbanks campus. The goal of the MEDEX program is to return the students as close to home as possible for the final portion of their training. Each site must provide opportunities for patient contact, adequate teaching and supervision from physicians, and ideally, exposure to a strong physician assistant role model. The need to individually tailor each clinical experience to an individual student's needs, both geographically and clinically requires that site development in Alaska be an annual and on-going activity for the MEDEX Outreach Faculty member. Typical sites which have been used in the past include the Alaska Native Medical Center in Anchorage, private practice sites in Kodiak, Ketchikan, Soldotna and Bethel, and the Indian Health Service Hospital in Bethel.

The Alaska faculty member is specifically assigned to visit each student at least once each academic quarter during clinical training for a minimum of four site visits per student. Not only do these visits provide opportunity for evaluation of clinical progress, they also are designed to provide support for students in developing clinical roles and readjusting to Alaskan life. Isolation becomes an issue for students in the clinical phase of training, and this is an especially acute issue for the Alaska students. In addition the Alaska faculty member is responsible for evaluation of student written assignments and maintains frequent phone contact with the student, the preceptor, and the Seattle MEDEX program.

Students return to the University of Washington campus for final exams at the end of each of the last two clinical quarters. The faculty member serves as a resource for the Alaska students preparing for those final exams as well as the National Board Exams required for Physician Assistant practice in Alaska.

The MEDEX Northwest Alaska project is a noteworthy example of the recruitment of indigenous health workers for appropriate training. The successful return of these new physician assistants to their rural areas serves as a model of similar allied health education projects that might be implemented to guarantee continuity of care by health care providers in remote clinic sites. The positive outcomes of the described activities can be attributed to effective recruitment networks, careful student selection, a competency based curriculum, individualized guidance, strong tutorial support, an intense effort on the part of the students, and the commitment of the MEDEX faculty to training physician assistants to work with rural populations.

Tuition - \$1400 per quarter x 7 quarters

one of the first physician assistant programs, MEDEX Northwest was developed in primary health care providers for underserved areas in the Pacific Northwest.

While the physician assistant role expanded to include inpatient and specialty roles in addition to rural care, the MEDEX program continues a tradition of selecting experienced health care personnel for training in the 21-month program.

Months of the training are spent in residence at the University of Washington for didactic training, followed by six months of clinical rotations and a six-month primary care preceptorship.

Recognizing the dependent role of physician assistants, the MEDEX program has traditionally worked with organized medical training and in developing job opportunities. Located in the School of Public Health and Community Medicine, the MEDEX program draws its teaching staff from the School of Medicine as well as from the community of practicing physician assistants, and nurse practitioners. The program is accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association.

MEDEX Curriculum

MEDEX Northwest is currently a 21-month curriculum (7 quarters). The initial 3 quarters include classroom and clinical instruction at the University. Classroom emphasis is on anatomy and physiology, pathophysiology, and behavioral science. Clinical skills include history-taking, physical exam, problem solving, lab, suturing, and casting. Additional skills include emergency medicine, pediatrics, pharmacology, and patient management.

The fourth/fifth quarters are devoted to clinical rotations tailored to individual student needs and experience. At least 4 of the 20 assigned weeks are spent at an inpatient site. Other opportunities have included geriatrics, pediatrics, surgery, emergency medicine, and rural health. Students may be expected to temporarily relocate for these rotations.

The final 2 quarters of the program are spent in clinical preceptorship with a sponsoring physician. This is an on-the-job training period tailored to the practice of the preceptor, emphasizing the diagnosis and treatment of commonly encountered medical problems.

Upon successful completion of the program, the graduate is awarded a certificate and is eligible to sit for National Board exams. Credits earned may be applied to a General Studies undergraduate degree. The program is currently pursuing a bachelor's degree option through the School of Public Health and Community Medicine. If approved, this option will be available by 1988.

Eligibility

Men and women who meet the following requirements are eligible to apply for MEDEX training:

- Knowledge of, and commitment to, the PA role in the health care system.
- Minimum of 2 years of recent, full-time, hands-on experience in the direct delivery of medical care to patients OR persons who have current professional credentials and at least 2 years of experience in an allied health field, such as medical technology, X-ray technician, etc.
- Completion of two college-level English courses, one of which must include composition, with grades of C or better.
- Completion of two college-level science courses, which must include at least 5 quarter credit hours in human anatomy and physiology, plus one other course in a discipline relevant to medicine, such as biology or chemistry, with grades of C or better. All course work must be completed at the time of final application.

Excellent candidates would be former military corpsmen, nurses, and other allied health personnel experienced in the direct care of patients. Many applicants already have a bachelor's degree.

Candidates must also meet University of Washington admission criteria. Minority students and others who have not received the usual educational advantages are urged, regardless of previous academic record, to apply to admission under the university's Educational Opportunity Program.

Application Procedure

Selection procedures involve the following steps:

- Individuals who think their backgrounds meet the eligibility standards outlined in this pamphlet should complete the one-page Preliminary Application available from the MEDEX office.
- After evaluation of the Preliminary Application, those who meet the initial screening requirements will receive a Final Application and reference forms (to be sent to physicians who can evaluate their medical proficiency). They will also be requested to supply the program with official high school and college transcripts.
- MEDEX will screen complete final applications and invite those applicants whose qualifications are most appropriate for a day of interviews. This selection conference is scheduled in February prior to the start of classes in the fall of each year.
- Following the interviews, applicants will be notified in March whether or not they have been accepted into the MEDEX training program.
- Applicants from Alaska may contact either Alaska MEDEX Outreach (907) 474-6020 or MEDEX Northwest (206) 543-6483.

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GARY BROOKS
BUSINESS MANAGER • FINANCIAL SECRETARY

JOSEPH HODGE
PRESIDENT



February 24, 1989

Mr. Bowman, Aide
Office of Rep. Johnny Ellis
P.O. Box V
Juneau, Alaska 99811

Dear Mr. Bowman:

I wish to take this opportunity to thank you for allowing me to be a witness for House Bill #10 (HESS). Please don't hesitate to call on me, again, in the future should the need arise. I am presently in the process of organizing and representing health-care workers in the Anchorage and surrounding areas. This association does allow me an ability to hear the problems, concerns, and needs of various members of the health-care industry firsthand.

There is much need for change and improvement in the health-care industry. Our current national crisis regarding the shortage of health-care workers in the United States is a good indicator of the urgent need for public, private, and governmental involvement, intervention, and assistance. Your efforts, and that of the HESS Committee, in helping to provide tuition reimbursement for health-care graduates is a good beginning in helping to eliminate this crisis. Any future assistance or intervention in this direction will help to cushion, and possibly help to alleviate the health-care crisis.

Helene Antel, IBEW Legal Counsel, also says "Thank you" for your generous invitation, and please continue to contact her in the future if she can be of service to you and the HESS Committee members.

Sincerely,

A handwritten signature in cursive script that reads "Glenda Clark R.N.".

GLEND A CLARK, R.N.
Health-Care Representative

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Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

H. HESS 2-7-89