

HB

18

REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: January 30, 2006
TO: Representative Meyer
FROM: Mike Pawlowski
RE: Changes to HB 18 in Blank CS HB 18 (25-LS0131\M)

The Blank CS for HB 18 (25-LS0131\M) represents a merging of HB 18 (Rep. Meyer) and HB 55 (Rep. Kelly) with clarifying language suggested by the Alaska Commission on Post-Secondary Education.

Changes:

Section 1: Replaced section one of HB 18 with section 1 of HB 55 and inserted clarifying language on line 9 that specifies the program should admit **at least** 20 participants each year.

Section 2: Replaced **one-third** on page 2 line 7 with **50 percent** (new page 2 line 6) to bring the base obligation a program participant accrues in line with existing statute.

Replaced "student" with "program participant" throughout section 2 to better reflect the status of person under the WWAMI program since a person serving their residency is still under the program but not technically a student.



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

Sponsor Statement for House Bill 18

“An Act amending the functions and powers of the Alaska Commission on Postsecondary Education; and relating to the repayment provisions for medical education and postsecondary degree program participants.”

Alaska currently has a shortage of physicians and the shortage is projected to get progressively worse over the next 20 years as Alaska's practicing physicians begin to retire. A physician shortage has serious implications for Alaskans access to quality medical care and can lead to increased costs for that care.

Alaska is one of five northwestern states that participate in a regional medical school referred to as WWAMI. WWAMI is an acronym for the participating states: Washington, Wyoming, Alaska, Montana and Idaho. Alaska currently places ten students per year at the University of Washington School of Medicine and these students become part of a class of 180 from the five participating states. To be eligible, students must have resided in Alaska for the previous two years and must spend their first year at the University of Alaska Anchorage before moving on to attend the University of Washington School of Medicine.

Under the WWAMI agreement, students pay in-state tuition at the University of Washington and the State of Alaska pays the difference. Students who enter the program must return to Alaska to practice or pay back the State's subsidy. House Bill 18 removes the limit on the number of students currently set in statute, decreases the amount a person is required to pay back if they don't return to Alaska and allows a person to defer their return to Alaska during their military or other specified public service.

Over its history, the WWAMI program has been effective at attracting physicians to practice in Alaska and has been ranked as the #1 Primary Care Medical School by U.S. News and World report for the past 12 years. Expanding the WWAMI program will help ease the pending physician shortage and provide better access to medical care throughout Alaska.

(Updated: 1/16/2007)



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

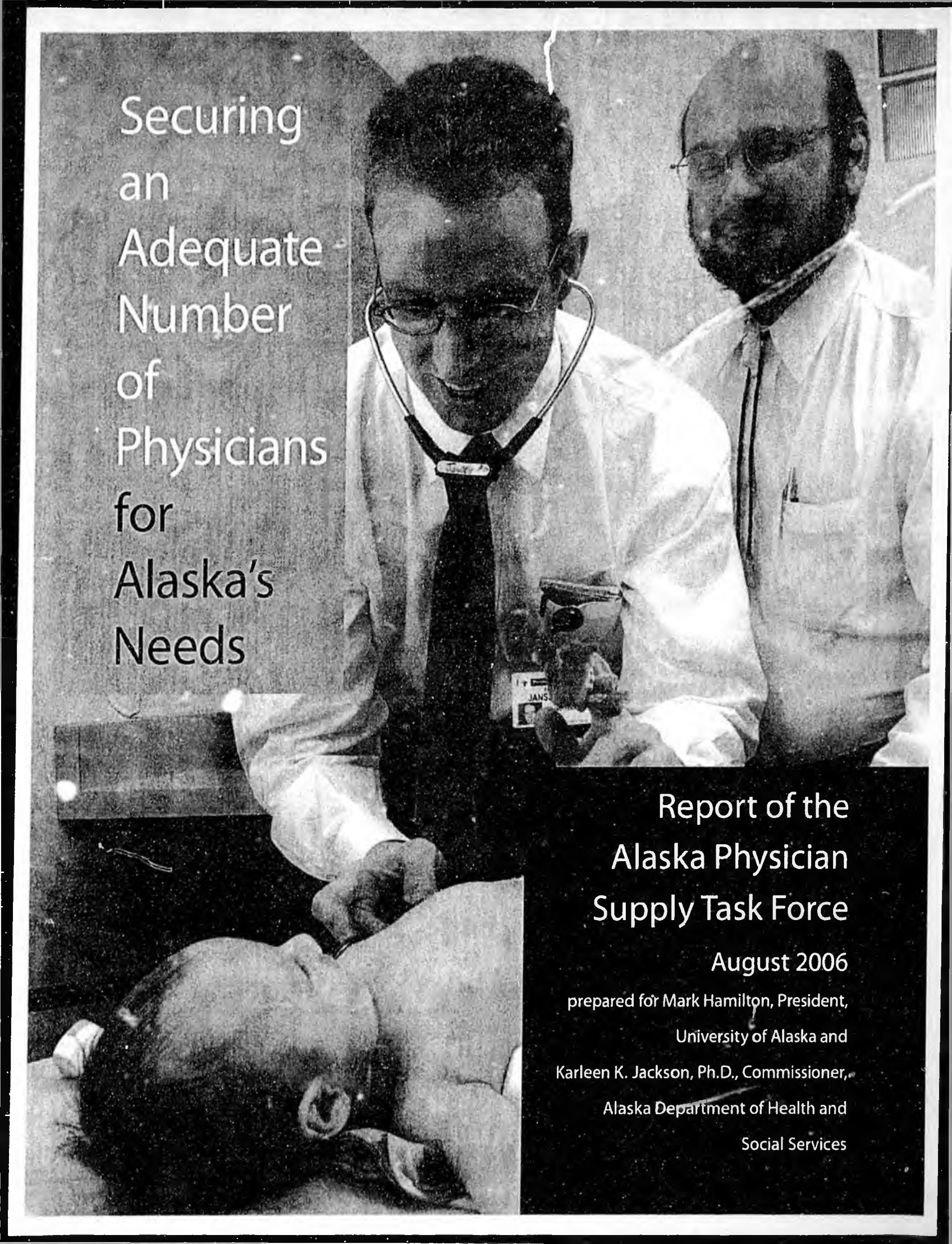
DATE: January 16, 2007
TO: Representative Kevin Meyer
FROM: Mike Pawlowski
RE: Sectional Analysis for HB 18
(Version No. 25 – LS0131\C)

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Allows the Alaska Commission on Postsecondary Education to enter into agreements to expand the number of Alaska residents eligible to participate in the WWAMI medical education program.

Section 2. Expands the requirement in 14.43.510(b) that requires a person to return to Alaska to practice in the specialty they received their medical degree in by inserting a more generic allowance that a person "actively engage in professional medical practice." decreases the amount a person who does not return to Alaska is required to pay back to one-third of the state's subsidy. Allows a student to serve their residency, fellowship training or service with the military, U.S. Public Health Service or Indian Health Service before interest begins to accrue.

Section 3. Includes residency, fellowship training or service with the military, U.S. Public Health Service or Indian Health Service in the activities that a person can perform before returning to Alaska to enter professional medical practice.



Securing
an
Adequate
Number
of
Physicians
for
Alaska's
Needs

Report of the
Alaska Physician
Supply Task Force

August 2006

prepared for Mark Hamilton, President,

University of Alaska and

Karleen K. Jackson, Ph.D., Commissioner,

Alaska Department of Health and

Social Services

Acknowledgements

The Alaska Physician Supply Task Force wishes to thank the staff for their time, diligence, and expertise provided throughout this project. We also thank all those who contributed their knowledge and expertise in providing information and comments on our report.

Task Force Members

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Patricia Carr, Alice Rarig, Joyce Hughes, Stephanie Zidek-Chandler, and Jean Findley, from Health Planning and Systems Development Unit, Alaska Department of Health and Social Services, staffed the Task Force and coordinated production of the report.

Project Funding and Support

Funding to support the Alaska Physician Supply Task Force was provided by the University of Alaska Statewide, Office of the Associate Vice President for Health through federal grants from the Health Resources and Services Administration, Office of Rural Health Policy, Special Projects (#D1ARH00052) and Centers for Disease Control (#H75/CCH024673-01). Additional funding for staff time was provided through the Department of Health and Social Services: Health Planning and Systems Development's Alaska Office of Rural Health (HRSA #H95RH00135), State Planning Grant (HRSA #PO9HSO5505), Primary Care Cooperative Agreement (HRSA #U68CSO0157), and Rural Hospital Flexibility Program (HRSA #H54RH00014).

The Task Force members acknowledge the resources that were provided by our own organizations. Our organizations have supported our time, travel and related in-kind resources for the project.

Cover photo: Foreground, Andrew Janssen, M.D., a 2005 graduate of the Alaska Family Medicine Residency Program, examines 6-month-old Cooper Baines at the Providence Family Medicine Center in Anchorage, Alaska. Paul W. Davis, M.D., is shown in background. Photo by Greg Martin, 2005, courtesy of Providence Family Medicine Center.

**Securing an Adequate Number of
Physicians
for Alaska's Needs**

**Report of the
Alaska Physician Supply Task Force**

**Prepared for
Mark Hamilton, President, University of Alaska and
Karleen Jackson, Ph.D., Commissioner, Alaska Department of Health & Social
Services**

August 2006

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Executive Summary

The Alaska Physician Supply Task Force was commissioned in January 2006 by the President of the University of Alaska and the Commissioner of the Department of Health and Social Services to address two questions:

1. What is the current and future need for physicians in Alaska?
2. What strategies have been used and could be used in meeting the need for physicians in Alaska? Strategies of interest are:
 - programs to attract and prepare students for health careers;
 - medical school opportunities;
 - graduate medical education; and
 - recruitment and retention of physicians.

The Task Force has met regularly and drawn on a wide variety of sources of information, including public participation. The consensus of the Task Force is that this report represents the best answer possible to these questions, within the constraints of time and budget, and the inherent uncertainties of available data and predictions. The major conclusions and reasoning of the group are summarized here, and detailed in the body of the report.

Alaska has a shortage of physicians.¹ Although not at crisis levels, the shortage is affecting access to care throughout the state, and increasing cost to hospitals and health care organizations. Up to 16% of rural physician positions in Alaska were vacant in 2004. Patients with Medicare are having difficulty finding a primary care physician. Several important specialties are in serious shortage in Alaska.

The shortage is very likely to worsen over the next 20 years as the state's population increases and ages. Physician supply nationwide is entering a period of shortage, according to the best current predictions. Physicians in Alaska are aging and one-third may be retiring in the next 10-15 years. The new generation of physicians wants a more balanced life, meaning fewer hours on duty and more predictable schedules. These trends mean that more physicians will be required to serve the same population. Technology and scientific advances have increased the amount of medical care available, adding to the need for physicians, as the patients expect more care than previously.

As the national supply of physicians shrinks, recruitment will become more competitive. Alaska's traditional system of recruiting physicians from federal assignment in the military and Indian Health Service is much less effective with changes in these systems. Although Alaska has two very successful programs to produce its own physicians, the Alaska WWAMI medical school program and the Alaska Family Medicine Residency,

¹ Unless otherwise specified, "physician" in this report means medical doctor as well as doctor of osteopathy.

Alaska is far behind the other states in production capacity. These two programs, even if expanded, cannot meet the need.

The current trend in physician growth in Alaska is inadequate to keep up with basic population growth and to correct the current deficit. Unless changes are made in the systems used to increase physician numbers, the deficit will worsen, with significant consequences for access and quality of care for Alaskans, as well as increased cost for health care delivery systems.

The time frames to increase physician supply are long; it takes from seven to 13 years from entry into medical school to entry into practice. The time it takes to develop new or expanded programs adds to this delay. It is important to act quickly to begin the programs that will yield more physicians in the next two decades. Delay will only add to the cost and worsen the deficit to recoup.

Responses to this problem involve preparing and attracting Alaskan youth so they can enter medical careers, improving recruitment of physicians to practice in Alaska, and retaining the physicians who currently practice here. The Task Force recommends specific strategies and action steps to achieve four goals related to assuring an adequate supply of physicians to meet Alaska's need.

Goals:

1. Increase the in-state production of physicians by increasing the number and viability of medical school and residency positions in Alaska and for Alaskans.
2. Increase the recruitment of physicians to Alaska by assessing needs and coordinating recruitment efforts.
3. Expand and support programs that prepare Alaskans for medical careers.
4. Increase retention of physicians by improving the practice environment in Alaska.

The following sections summarize the findings of the Alaska Physician Supply Task Force supporting these goals. The body of the report contains the full discussion of the goals, strategy recommendations, and the rationale behind the recommendations.

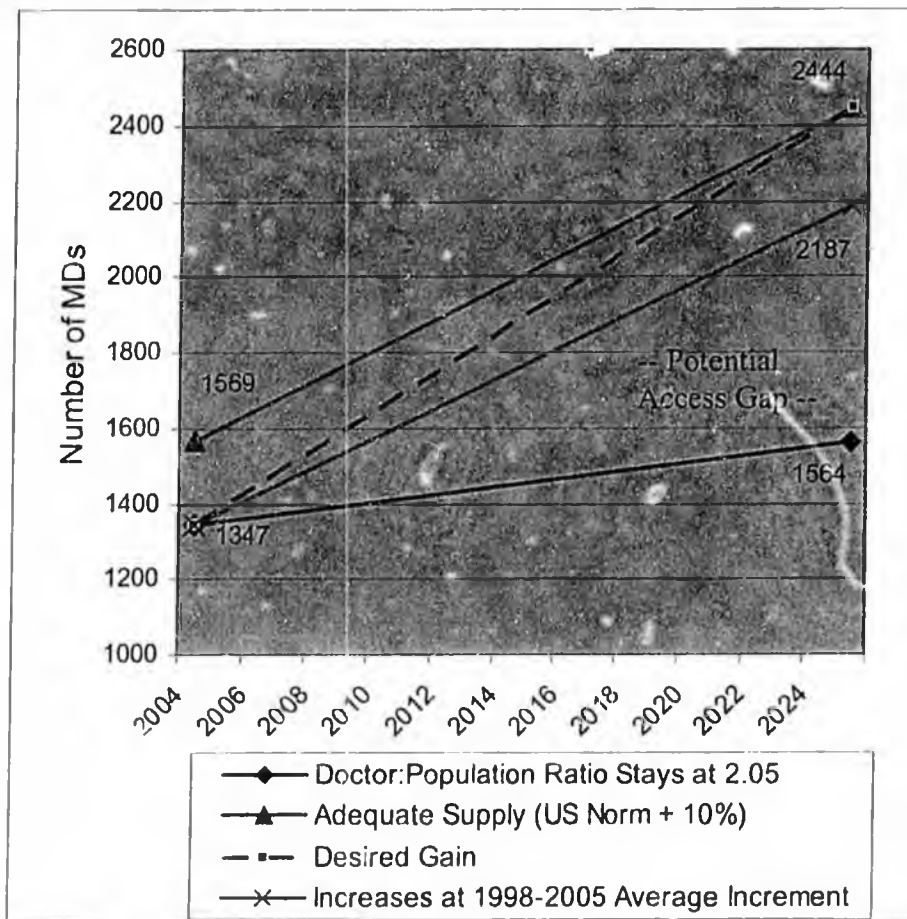
Assessment of need. The Task Force estimates that Alaska has a shortage of 375 physicians, based on the conclusion that Alaska should have 110% of the current national average physician-to-population ratio. In order to correct the deficit and reach an adequate supply of physicians by 2025, Alaska needs to add a net of 59 physicians per year, starting immediately. Alaska currently gains 78 physicians per year but loses 40 physicians yearly for various reasons. In order to improve its doctor to population ratio, and assure having an adequate supply in 20 years, the current net gain of 38 physicians per year will need to increase to 59 per year, more than a 50% increase. If the loss each year is greater than the recent average of 40 per year, Alaska will need more than 90 physicians to enter practice in Alaska each year.

These conclusions are supported by the following findings.

- Finding 1. The ratio of physicians to population in Alaska is below the national average at 2.05 MDs per 1000 population vs. 2.38 MDs per 1000 population in the US.
- Finding 2. Alaska should have 10% more physicians per population than the national average because Alaska's rural nature, great distances and severe weather result in structural inefficiencies of the health care system. Alaskan physicians' administrative and supervisory responsibilities in addition to patient care contribute to the need for more physicians to provide patient care services.
- Finding 3. Competition for physicians will intensify since the entire nation is expected to experience a shortage of physicians, associated with the aging of the population and an inadequate production of physicians.
- Finding 4. Retirement and practice reductions of aging physicians in Alaska and elsewhere, as well as changing preferences of physicians for more limited work hours, add to the need for more physicians.
- Finding 5. Alaska has and should maintain a higher ratio of mid-level providers (advanced nurse practitioners and physician assistants) to physicians than the national average, in order to make it feasible to provide high quality and timely care to the population. Without these providers the need for physicians would be even higher.
- Finding 6. Shortages are most apparent in internal medicine, medical subspecialties and psychiatry. It is important to evaluate the need for specialty types and distribution throughout Alaska, in order to plan for physician recruitment.

Over the next twenty years, nearly twice as many "physicians in practice" will be needed – about 1100 more than the current 1347 MDs in patient care – to meet expected demand as the state's elderly population triples and as medical practice patterns change. This projection assumes that doctors of osteopathy, advanced nurse practitioners and physician assistants will continue to increase proportionately over time.

Figure A. Gain in Alaskan Physicians: Static Doctor to Population Ratio vs. Desired Growth Scenario



Source: Based on HPSD analysis (AMA Master File 2006)

Basis for strategies for meeting the need for physicians for Alaska's health care system.

After investigating the supply and need for physicians and reaching Findings 1- 6, the Task Force shifted its focus to investigating strategies for meeting the need. The Task Force drew on the knowledge of in-state professionals and educators, and of national experts, to identify lessons and information that form the basis for recommendations for action, as well as for further investigation and monitoring. The Task Force's selection of strategies is based on the following findings.

Finding 7. Alaska is one of six states without an independent in-state medical school. Alaska funds ten state-supported "seats" at the regional WWAMI medical school, administratively centered at the University of Washington School of Medicine. This number (10 seats) represents fewer seats per capita than all but five of the 50 states.

Finding 8. Residency programs are one of the most effective ways to produce physicians for a state or community. Alaska has only one in-state residency, the AFMR, which places 70% of its graduates in Alaska.

Maintaining and expanding residency opportunities will be critical in augmenting Alaska's physician numbers.

- Finding 9. Over the last ten years, an increasing number of Alaskan students have applied to medical schools; the average number of applicants has been 65. In 2005, 29 of 73 applicants were admitted into medical school. Ten per year attend WWAMI and the remainder attends medical schools without state support from Alaska. Since 1996, only WWAMI has had Alaska-supported seats. Prior to 1996, Alaska supported programs for medical and osteopathic students through the WICHE program and student loans.
- Finding 10. Recruitment for physicians is facilitated by the availability of loan repayment programs such as the IHS and NHSC loan repayment programs. Service obligations related to student loans have historically accounted for some recruitment and should be explored.
- Finding 11. There are several initiatives to increase interest in medical careers among Alaskans, including efforts by the tribal health care system, hospitals, the University of Alaska's newly funded Area Health Education Center (AHEC) and the UA Schoiars Awards, school system initiatives for improvement of math and science programs, and programs that encourage students to go into health careers. Collectively, these initiatives generate qualified applicants to medical schools, but too few applicants matriculate to replenish Alaska's shortage, and there is inadequate diversity.
- Finding 12. Medical practice environments in Alaska have positive and negative aspects that affect the recruitment and retention of physicians.
- Finding 13. Surveys of providers (physicians and mid-levels) by the AMA and many states have provided data on practice characteristics, preferences, and retirement plans.
- Finding 14. Workforce development activities exist in multiple locations including the tribally managed system, private sector, and various state and federal agencies. However existing programs are not monitoring or analyzing specialty distribution or needs, changing roles of mid-level providers, or potential impact of electronic health records on all providers. Coordination of the efforts, and research and analysis of relevant trends, should inform policy.

In view of these findings, the relevant literature, and the experience of other states, the Task Force developed the following goals and strategies to respond to the physician shortage. The strategies are chosen because of their likely effectiveness, cost-to-benefit advantages, and achievability. Each strategy is discussed with respect to the time frame in which it will be effective, and the average expected cost to the state to produce each practicing physician, where such information is reasonably accessible. The listing below

gives a brief identification of each goal and strategy. Full discussion of the strategies is included in the body of the report.

Goals and Strategies for Securing an Adequate Physician Supply for Alaska's Needs

Major Goal	Strategy	Timeline for Impact	Estimated Cost
1. Increase the in-state production of physicians by increasing the number and viability of medical school and residency positions in Alaska and for Alaskans.	A. Increase the number of state-subsidized medical school positions (WWAMI) from 10 to 30 per year	Medium	\$250,000 per practicing physician
	B. Ensure financial viability of the AFMR through state support including Medicaid support	Short	\$60,000 per practicing physician
	C. Increase the number of residency positions in Alaska, both in family medicine and appropriate additional specialties	Short	\$100,000 per year plus \$30,000 for planning in year 1 & 2
	D. Assist Alaskan students to attend medical school by: i) reactivating and funding the use of the WICHE Professional Student Exchange Program with a service obligation attached, and ii) evaluating the possibility of seats for Alaskans in the planned osteopathic school at the Pacific Northwest University of the Health Science	Medium	i) \$550,000 per practicing physician for WICHE; ii) cost unknown at time of PSTF report
	E. Investigate mechanisms for increasing Alaska-based experiences and education for WWAMI Students	Medium	Unknown at time of PSTF Report
	F. Maximize Medicare payments to teaching hospitals in Alaska	Short	Zero cost to the state

	G. Empanel a group to assess medical education in Alaska, including the viability of establishing an Alaska-based medical school	Long	Undetermined at time of PSTF Report
2. Increase the recruitment of physicians to Alaska by assessing needs and coordinating recruitment efforts.	A. Create a Medical Provider Workforce Assessment Office to monitor physician supply and facilitate physician recruitment efforts	Short	\$250,000 per year
	B. Research and test a physician relocation incentive payment program	Short	\$65,000 per physician
	C. Expand loan repayment assistance programs and funding for physicians practicing in Alaska	Short	Undetermined – need to consult with other states
3. Expand and support programs that prepare Alaskans for medical careers	A. Expand and coordinate programs that prepare Alaskans for careers in medicine	Medium	Up to \$1,000,000 per year
4. Increase retention of physicians by improving the practice environment in Alaska.	A. Develop a physician practice environment index for Alaska	Short	\$100,000 to develop index; \$20,000 annually to update
	B. Develop tools that promote community-based approaches to physician recruitment and retention	Short	\$50,000 per year
	C. Support federal tax credit legislation Initiative for physicians that meet frontier practice requirements	Short	Zero cost to the state

Adoption of these strategies will depend on further analysis of resources and a balancing of effectiveness and achievability. Strategies to recruit and retain physicians promise the earliest positive results, but probably have a relatively low benefit ceiling, in that the maximum number of physicians achievable by those strategies will soon be reached. The

strategies likely to produce significant numbers of doctors over time are those designed to train physicians in Alaska, i.e. medical school and residency programs, but the time to realize the benefit in most cases is longer.

Implementation strategy – next steps for key policy makers. The shortage of physicians and other health care providers creates one of Alaska's most challenging public health and higher education issues. To ensure the work of the Task Force is carried forward, it is recommended that the President and Commissioner establish permanent structures to implement these recommendations. One component of this action would be creation of a Medical Provider Workforce Assessment Office (Strategy 2A).

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

January 17, 2007

Honorable Kevin Meyer
State of Alaska State Medical Association
House of Representatives
State Capitol, Room 515
Juneau, AK 99801-1182

Re: HB 18 – WWAMI Program Expansion

Dear Representative Meyer:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA is writing this letter to urge you to support HB18. HB18 provides a vital step in addressing the chronic and, most recently, acute shortage of physicians in Alaska.

ASMA participated in the process commissioned by University of Alaska President, Mark Hamilton and Alaska Department of Health and Social Services Commissioner Karleen Jackson to quantify the seriousness of the physician shortage in Alaska and to develop recommendations to address the shortage. Indeed, the seriousness of the shortage now and twenty years into the future was validated in this exhaustive study. HB18 is the embodiment of one recommendation that was made – expand the WWAMI class size.

ASMA, for more than 20 years, has been in support of an increase in the WWAMI class size to address the chronic shortage of physicians in Alaska, and it again has class expansion as one of its primary advocacy initiatives for 2007. In recent years, Alaska has many more qualified applicants than the current 10 seat class size.

HB18 is a critical step in beginning to face Alaska's chronic shortage of physicians. ASMA recognizes that this will not help the current acute shortage and will advocate that other measures are necessary in the short term.

ASMA strongly urges the passage of HB18 early this year so that the WWAMI class size can be increased from 10 to 20 medical students starting this Fall.

Sincerely,



By: Roland Gower, MD President
For: The Alaska State Medical Association



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Tel 907.562.2211

January 17, 2007

The Honorable Kevin Meyer
Alaska State House of Representatives
State Capitol - Room 515
Juneau, AK 99801-1182

KEVIN
Dear Representative Meyer:

I write today in support of the bill you introduced, House Bill 18, to increase the number of medical students in the WWAMI program along with a requirement for payback of financial assistance if the student does not return to Alaska to practice medicine. Passage of this important legislation is a major priority for Providence, Alaskans for Access to Health Care, the Alaska State Hospital and Nursing Home Association, and other health care organizations.

While certainly not viewed as the total solution, passage of this bill will be an important step in helping to solve the physician shortage faced in Alaska. All of us at Providence stand ready to assist in any way possible to ensure passage of this legislation.

If you have any questions or if I may be of assistance in any way, please let me know.

Sincerely,

A
E. Al Parrish
VP/CE Alaska Region
Providence Health System

Alaska Physicians & Surgeons, Inc.

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January 16, 2007

Honorable Kevin Meyer
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Dear Representative Meyer,

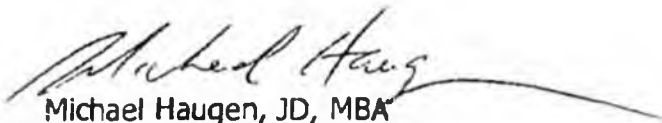
Alaska Physicians & Surgeons (APS) is writing you this letter in support of HB18.

Alaska Physicians & Surgeons along with many other Healthcare organizations strongly supports HB18, and we have set as one of our major initiatives for 2007, to support legislation to fund an expansion of the WWAMI medical school program for Alaskan's from 10 seats to 20 starting next fall.

While HB18 will not solve the chronic physician shortage in the short term, it is a vital step in helping Alaska catch up with the rest of the lower 48. Our physician per capita population is among the lowest in the country. It has been almost 30 years since the inception of WWAMI and it is high time for Alaska to get an additional 10 seats.

APS endorses the WWAMI legislation and encourages the bills passage during this session.

Sincerely,


Michael Haugen, JD, MBA
Executive Director

January 16, 2007

Honorable Kevin Meyer
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Dear Representative Meyer:

The Alaska State Hospital and Nursing Home Association (ASHNHA) is submitting this letter of support for HB18, an Act that gives the Alaska Commission on Postsecondary Education authority to increase the number of medical students placed in the WWHAMI program, and adding a requirement for payback of financial assistance if the student does not return to Alaska to practice medicine.

ASHNHA participated in a process commissioned by President Hamilton of the University of Alaska and Commissioner Karleen Jackson of the Alaska Department of Health and Social Services to review the seriousness of physician shortages in Alaska, and to develop recommendations for addressing this shortage. The conclusions of that exhaustive review substantiated that the physician shortage in Alaska is already very serious in some communities, and will become even more acute over the next 5 to 10 years if steps are not taken to address this issue. This is perhaps the most pressing public health issue facing the State of Alaska at this time.

Expanding the present WWHAMI program from 10 medical students to 20 students is one of the most prudent steps the State can take to address this shortage of physicians. The WWHAMI program has proven to be a cost-effective investment for training physicians that will return to Alaska to practice. Adding the measure that will require repayment of student financial assistance will strengthen WWHAMI even further and increase the likelihood that students will select Alaska as their home and place of practice.

ASHNHA's Board of Directors has identified expansion of the WWHAMI program as one of its top three legislative priorities for 2007 and therefore strongly supports HB18 and the measures it contains.

Sincerely,



Rod L. Betit
President/CEO

ASHNHA Executive Committee

John Bringham, CEO, Petersburg General Hospital
Al Parrish, V.P./Chief Executive, Providence Alaska
James Shill, CEO, North Star Behavioral Health
Frank Sutton, V.P., SEARHC
Charlie Franz, CEO, South Peninsula Hospital

Pat Branco, CEO, Ketchikan General Hospital
Dennis Murray, Administrator, Heritage Place
Moe Chaudry, CEO, Sitka Community Hospital
Brian Gilbert, CEO, Wrangell Medical Center
Rod Betit, President, ASHNHA

WWAMI Program Expansion

- ❖ WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) is Alaska's medical school
 - Collaborative medical education: 5 states, 6 institutions
 - 35 year history – Alaska was the 1st partner with Washington
- ❖ Need to *increase the net gain* of physicians by 21 per year
 - Actual (current) – gain 78, lose 40 for NET GAIN = 38
 - Needed (current) – gain 100, lose 40 for NET GAIN = 60
 - Future years – need will increase as aging physician population retires
- ❖ WWAMI doubling is a critical part of the overall strategy
 - No single strategy can achieve the needed increase (others: recruitment, retention, residency)
 - Class size same as 1971 when program started, 10 seats per year
- ❖ Why now?
 - Current physician shortage in Alaska
 - Nationwide shortage, worsening over next decade
 - Other states recruiting physicians aggressively
- ❖ Why WWAMI?
 - Cost
 - WWAMI is 2/3 the cost of WICHE *per Alaska physician produced*
 - Cost per medical student below national average (per AAMC)
 - Low in-state student tuition
 - Return on Alaska's investment
 - 7 - 8 WWAMI graduates start practice in Alaska each year
 - 3 years of 4-year medical school available *in Alaska*
 - Excellence in medical education
 - #1 Primary Care, 13 consecutive years (*US News & World Report, 2006*)
 - #1 Rural Health, 15 consecutive years (*US News & World Report, 2006*)
 - #1 Family Medicine, 15 consecutive years (*US News & World Report, 2006*)
 - Alaska WWAMI students excel among WWAMI peers
- ❖ How does WWAMI (medical education) work?
 - Undergraduate – can attend any undergraduate school
 - Application
 - Evaluation based on:
 - GPA (grade point average)
 - MCAT (medical college aptitude test)
 - Interview – ~50 percent of applicants
 - Excellent applicant pool in Alaska/Highly Competitive
 - 78 in 2005-06 for 10 positions
 - 35 to 40 qualified
 - top 30 – indistinguishable GPAs and MCATs
 - Year 1 at UAA – 10 Alaskans / year
 - Year 2 at UW – students from all 7 WWAMI states, 182 students / year
 - Year 3 Clerkships
 - Clinical experiences, ~ 6 weeks each
 - All 3rd year clerkships offered in Alaska
 - Year 4 Clerkships
 - Clinical experiences, ~ 4 to 6 weeks each
 - Most 4th year clerkships available in Alaska
 - Practicing Physicians
 - Participate in WWAMI education – clerkships, R/UOP, WRITE, etc.
 - Are supported by WWAMI MedCon, free phone consultation service

Note: A Physician Supply Task Force report issued in August 2006 is available at www.alaska.edu/health

Summary Projected Costs and Revenue for Doubling Class Size, WWAMI FY08

Investments in University of Alaska, University of Alaska Anchorage

Projected Operating Budget	Total	Projected Revenue	Total
Personnel (2 new faculty in clinical and microbiology areas; associated support staff)	\$250,000	Legislative Appropriation	\$280,000
Travel, Contractuals, Commodities	\$80,000	Tuition Revenue	\$50,000
Total	\$330,000	Total	\$330,000

Projected One-Time Capital Costs	Total	Projected One-Time Revenue	Total
Classroom furniture/renovations	\$55,000	Legislative Appropriation FY07	\$475,000
Renovation – Office space, research labs, study space	\$595,000	Legislative Appropriation FY08	\$475,000
Laboratory upgrade/renovations	\$100,000		
Faculty start-up research packages	\$200,000		
Total	\$950,000	Total	\$950,000

Added Payments to University of Washington for Years, 2, 3, and 4 of Program

	FY08	FY09	FY10	FY11	FY12-ongoing*
Additional 10 students 2 nd Year		\$505,558	\$505,558	\$505,558	\$505,558
Additional 10 students 3 rd Year			\$520,371	\$520,371	\$520,371
Additional 10 students 4 th Year				\$321,939	\$321,939
Total		\$505,558	\$1,025,929	\$1,347,868	\$1,347,868

* The cost increments annually based on inflation – not included for FY12.
More than half (~59%) of all WWAMI income, from years 1 through 4 is spent in Alaska.

Total Investments

FY 07 \$ 475,000 in one-time capital (already allocated)
 FY 08 \$ 475,000 in one-time capital (requested this year)
 FY 08 \$ 280,000 in base support at UAA (requested this year)
 FY 09 \$ 505,558 in base for payments to UW
 FY 10 \$1,025,929 in base for payments to UW
 FY 11 \$1,347,868 in base for payments to UW



January 29, 2007

The Honorable Peggy Wilson, Chair
House Health, Education and Social Services Committee
Alaska State Capitol, Room 403
Juneau, AK 99801-1182

RE: HB 55 (Kelly)--Support

Dear Chair Wilson:

On behalf of the members of AARP in Alaska, we strongly encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 55, introduced by Representative Mike Kelly.

It is no secret that Alaska has a shortage of physicians which is expected to get worse over the next few years. AARP members in many Alaska communities already tell us that they are unable to find a physician who will accept them as Medicare beneficiaries. The current situation is so bad that United States Senator Lisa Murkowski is scheduling a Senate hearing on the issue in Anchorage on February 20.

The one bright spot in this shortage is the WWAMI program which has provided ten slots for family practice physicians to spend their residency in Alaska. Upon completion of their medical education, most of these physicians have chosen to stay here and practice in our cities as well as in our remote communities.

You and your House Committee colleagues have seen the Alaska Physician Supply Task Force report produced jointly by the University of Alaska and the Department of Health and Social Services. This excellent report should serve us as a roadmap for our future directions in physician training.

The former exodus of Alaska retirees has been reversed over the past few years. Because of our improved health services and provider community, older Alaskans have determined that they can remain here after retirement, close to their friends and families.

If older Alaskans are unable to find a physician willing to see them, we will be back with the situation of retirees leaving the state so they can be assured of access to health professionals.

HB 55 offers us the first real meaningful opportunity to begin to meet this need. Doubling the number of family practice residents from ten to twenty won't solve our problem but it is an excellent first step.

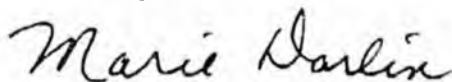
Our AARP members, your constituents, want to stay here after retirement. An affirmative vote on HB 55 will help accomplish that.

We urge an "AYE" vote on HB 55.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Bob Roses
Representative Anna Fairclough
Representative Mark Neuman
Representative Paul Scaton
Representative Berta Gardner
Representative Sharon Cissna
Representative Mike Kelly

ASHNHA Position on HB 18
Prepared by: Rod Betit, President/CEO
January 29, 2007

WHO ASHNHA REPRESENTS: The *Alaska State Hospital and Nursing Home Association* represents 24 acute care hospitals, 2 behavioral health facilities, 6 assisted living facilities (Alaska Pioneer Homes), and 5 free-standing nursing facilities. Nine of our 24 acute care hospitals also provide nursing home services. We believe ASHNHA's rich composition of private, federal, state, and tribal health care facilities provides a balanced viewpoint on important health care policy matters. ASHNHA's membership evaluates health care legislation weekly and authorizes the position expressed in this testimony.

ASHNHA's POSITION ON HB 18: ASHNHA's membership '**strongly supports**' passage of HB18 for the reasons noted below. ASHNHA does not offer any amendments to HB 18 as we believe the bill is excellent as written.

SUPPORTING TESTIMONY:

- ☉ As determined by the Alaska Physician Supply Taskforce in 2006, Alaska is presently facing a shortage of 300 physicians and this gap is expected to grow dramatically in the years ahead.
- ☉ Many states are reporting a physician shortage in large part due to physician retirements and an inadequate number of physicians completing training to replace them. This is further exacerbated by U.S. population growth that exceeds the rate of increase in new medical school slots.
- ☉ Alaska must be proactive to address this situation. While adding additional slots to the WWHAMI program will not solve the entire physician shortage problem, it is a key initial step to take. ASHNHA also supports those provisions of HB 18 that would strengthen the pay back provisions for any WWHAMI participant who does not return to Alaska to practice.
- ☉ ASHNHA urges your support of HB 18. Thank you for this opportunity to testify.

This Testimony is on Behalf of the Following Alaska Health Care Facilities

Alaska Regional Hospital, Alaska Native Medical Center, Alaska Pioneer Home System, Bartlett Regional Hospital, Bassett Army Community Hospital, Central Peninsula General Hospital, Cordova Community Medical Center, Denali Center Nursing Home, Fairbanks Memorial Hospital, Heritage Place Nursing Home, Kakanak General Hospital, Ketchikan General Hospital, Maniilaq Health Center, Mary Conrad Center, Mat-Su Regional Hospital, Mt. Edgecumbe Hospital SEARHC, Norton Sound Regional Hospital, Petersburg Medical Center, Providence Alaska Medical Center, Providence Extended Care Center, Providence Kodiak Island Medical Center, Providence Seward Medical & Care Center, Providence Valdez Medical Center, Sitka Community Hospital, South Peninsula Hospital, St. Elias Specialty Hospital, USAF 3rd Medical Group- Elmendorf, Wrangell Medical Center, Yukon Kuskokwim Delta Regional Hospital, Alaska Psychiatric Institute, North Star Behavioral Health System, Wildflower Court Nursing Home.

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