

HB

18

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

REPORTED OUT
MAR 15 2007
SENATE FINANCE COMMITTEE

DATE: 2/23/07

FURTHER:

DATE TURNED
IN TO OFFICE: 3/16/07

Finance Committee considered CS FOR HOUSE BILL NO. 18(HES)

HB 18 POSTSECONDARY MEDICAL & OTHER EDUC. PROG.

"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."

and recommends:

- be replaced with SCS or CS CS HB 18 (FIN)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
EED	1/25/07			<input checked="" type="checkbox"/>	1
H. Finance	2/7/07			<input checked="" type="checkbox"/>	2

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Elin	<input checked="" type="checkbox"/>			
	Thomas	<input checked="" type="checkbox"/>			
	Dyson	<input checked="" type="checkbox"/>			
	Huggins	<input checked="" type="checkbox"/>			
	CARLSON	<input checked="" type="checkbox"/>			
CO-CHAIR:	SIGMAN	<input checked="" type="checkbox"/>			
CO-CHAIR:					

FISCAL NOTE

REPORTED OUT
MAR 15 2007
 SENATE FINANCE COMMITTEE

STATE OF ALASKA
 2007 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CSHB 18(HES)
 (H) Publish Date: 1/31/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Education
 Title An Act amending the functions and powers of RDU ACPE
the Alaska Commission on Postsecondary Education; and ... Component Program Administration &
Operations
 Sponsor Rep. Meyer Component No. 2738
 Requester (H)HESS

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual		505.6	1,025.9	1,347.7		
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	505.6	1,025.9	1,347.7	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
1002 Federal Receipts						
1003 GF Match						
1004 GF		505.6	1,025.9	1,347.7		
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	505.6	1,025.9	1,347.7	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0
 Check this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

POSITIONS	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*
 HB18 proposes to facilitate the expansion of the annual class size of Alaskan participants in the Washington, Wyoming, Montana, Idaho, and Alaska regional medical education program at the University of Washington School of Medicine (UWSM). This fiscal note reflects additional general fund expenses assuming the annual class size is increased from ten to twenty participants with the first twenty-student cohort entering the program in fall 2007. The first year of the program is conducted at the University of Alaska Anchorage, and, therefore, there are no associated increased costs in the ACPE budget until the additional ten participants begin their second year of training at UWSM.

Prepared by: Diane Barrans, Executive Director Phone 465-6740
 Division: Executive Director Date/Time 1/25/07 3:00 PM
 Approved by: Diane Barrans, Executive Director Date 1/25/2007
 Agency: Alaska Commission on Postsecondary Education

FISCAL NOTE

REPORTED OUT
MAR 15 2007
 SENATE FINANCE COMMITTEE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSHB 18(HES)
 (H) Publish Date: 2/8/2007

Revision Date/Time (Note if correction): _____ Dept. Affected: University of Alaska
 Title Postsecondary Medical & Other Educational RDU _____
 Programs Component _____
 Sponsor Representative Kevin Meyer Component No. _____
 Requester _____

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (specify type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact is anticipated due to the passage of HB 18.

Prepared by: House Finance Committee
 Division _____
 Approved by: Representative Meyer
 Representative Chenault

Phone 465-4945
 Date/Time 2/7/07 2:46 PM
 Date 2/7/2007

Amendment Number: # 1
Bill Number: HB 18
Sponsor: Stedman Date: 3/15/07
Logged In By: Robin

25-LS0131L.2
Mischel
3/15/07

AMENDMENT

OFFERED IN THE SENATE

TO: SCS CSHB 18(SED)

1 Page 2, following line 17:

2 Insert a new bill section to read:

3 "Sec. 3. AS 14.43.510(b) is amended to read:

4 (b) If a program participant under (a) of this section has graduated from the
5 medical education program for which the financial support was received and is
6 employed in the state in the field for which the person received the financial support,
7 including employment in the state in a medical residency program, the repayment
8 obligation shall be forgiven and considered a grant in an amount equal to the
9 following percentages plus accrued interest:

10 (1) for employment in rural areas of the state,

11 (A) one year employment, 33 1/3 percent;

12 (B) two years employment, an additional 33 1/3 percent;

13 (C) three years employment, an additional 33 1/3 percent;

14 (2) for employment in areas of the state that are not rural,

15 (A) [(1)] one year employment, 20 percent;

16 (B) [(2)] two years employment, an additional 20 percent;

17 (C) [(3)] three years employment, an additional 20 percent;

18 (D) [(4)] four years employment, an additional 20 percent;

19 (E) [(5)] five years employment, an additional 20 percent."

21 Renumber the following bill section accordingly.

22

23 Page 2, following line 28:

25-LS0131V.2

1 Insert a new bill section to read:

2 **** Sec. 5.** AS 14.43.510 is amended by adding a new subsection to read:

3 (i) In this section, "rural" means a community with a population of 7,500 or
4 less that is not connected by road or rail to Anchorage or Fairbanks or with a
5 population of 3,500 or less that is connected by road or rail to Anchorage or
6 Fairbanks."

SENATE FINANCE COMMITTEE
3 / 15 / 2007 COMMITTEE ACTION

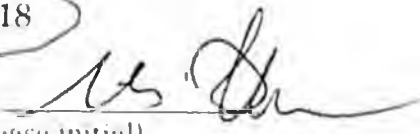
Bill Number	HB 18		
Amendment	#1		
Motion	to adopt		
<u>Motion by</u>	Olson		
<u>Objection by</u>	Stedman		
Removed	✓		
<u>Second Objection by</u>			
<u>Committee Member</u>	Y	<u>Vote</u>	N
Senator Dyson			
Senator Elton			
Senator Huggins			
Senator Olson			
Senator Thomas			
Co-Chair Hoffman			
Co-Chair Stedman			
<u>Tally</u>			
Yea			
Nay			
Absent			
<u>MOTION</u>	ADOPTE		

Attention: Miles
Of Senator Stedman's office
RE: Amend #1 HB 18
Date: 3/15/07 Time: 2:35 PM

The attached Senate Finance CS incorporates the amendment(s) your boss sponsored. Please review and approve so the bill can be forwarded to the Senate Secretary.

The CS is your copy.

Thanks,
Senate Finance Secretary
Mindy #4935
Robin #2618

Approved: 
(please initial)

Return ASAP

SENATE CS FOR CS FOR HOUSE BILL NO. 18(FIN)
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES MEYER, Lynn, Kawasaki, Kelly, Crawford, Gara, Harris, LeDoux, Stoltze, Buch, Dahlstrom, Roses, Johnson, Gardner, Seaton, Olson

SENATORS Wilken, Davis, Wagoner, Dyson, Ellis, Therriault, Stevens, Wielechowski, McGuire

A BILL

FOR AN ACT ENTITLED

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

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

5 * Section 1. AS 14.42.030(d) is amended to read:

6 (d) The commission shall [MAY] enter into agreements with government or
7 postsecondary education officials of this state or other states to provide postsecondary
8 educational services and programs to Alaska residents pursuing a medical education
9 degree sufficient to accommodate at least 20 new program participants each year.

10 An agreement with another state must be limited to services and programs that are
11 unavailable in Alaska. The commission shall require a person participating in a
12 medical education program offered under this subsection to agree to the repayment
13 condition imposed under AS 14.43.510.

14 * Sec. 2. AS 14.43.510(a) is amended to read:

1 (a) Except as provided under (b) and (c) of this section, as a condition of
 2 participating in a medical education program under AS 14.42.030(d), a program
 3 participant shall agree to either return to the state and actively engage in
 4 professional medical practice or repay [THE] financial support provided by the state
 5 on behalf of the program participant [STUDENT]. The financial support to be
 6 repaid is equal to 50 percent of the amount paid for each program participant by
 7 the state to the contracting postsecondary institution, plus interest [THE
 8 DIFFERENCE BETWEEN RESIDENT AND NONRESIDENT TUITION AT THE
 9 CONTRACTING POSTSECONDARY INSTITUTION, PLUS INTEREST,
 10 INCLUDING ANY DIFFERENTIAL FOR THE FIRST YEAR OF THE PROGRAM
 11 DELIVERED AT THE UNIVERSITY OF ALASKA, ANCHORAGE]. The rate of
 12 interest is equal to the 12th Federal Reserve District discount rate in effect on March 1
 13 of the year in which the financial support is provided plus two percentage points.
 14 Interest imposed under this subsection begins to accrue when the person terminates
 15 studies under the medical education program. Accrued interest shall be added to the
 16 principal balance of the repayment obligation at the time the borrower is obligated to
 17 commence repayment and at the end of a deferment period.

18 * Sec. 3. AS 14.43.510(b) is amended to read:

19 (b) If a program participant under (a) of this section has graduated from the
 20 medical education program for which the financial support was received and is
 21 employed in the state in the field for which the person received the financial support,
 22 including employment in the state in a medical residency program, the repayment
 23 obligation shall be forgiven and considered a grant in an amount equal to the
 24 following percentages plus accrued interest:

- 25 (1) for employment in rural areas of the state,
- 26 (A) one year employment, 33 1/3 percent;
- 27 (B) two years employment, an additional 33 1/3 percent;
- 28 (C) three years employment, an additional 33 1/3 percent;
- 29 (2) for employment in areas of the state that are not rural,
- 30 (A) [(1)] one year employment, 20 percent;
- 31 (B) [(2)] two years employment, an additional 20 percent;

Amend #1

Amend #1 cont.

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- (C) [(3)] three years employment, an additional 20 percent;
- (D) [(4)] four years employment, an additional 20 percent;
- (E) [(5)] five years employment, an additional 20 percent.

* Sec. 4. AS 14.43.510(c) is amended to read:

(c) Repayment under (a) of this section is required to begin not later than six months after the person terminates studies under the medical education program except that repayment shall be deferred for a person who (1) qualifies for forgiveness under (b) of this section for as long as the person remains qualified for forgiveness under (b) of this section; (2) is employed in a medical residency program [IN THE STATE] for as long as the person remains in the medical residency program; or (3) is performing a service obligation imposed by the National Health Service Corps, the Indian Health Service, or the Uniformed Service Scholarship Program for as long as the person is performing the service. Forgiveness under (b) of this section only applies to that portion of the repayment obligation that has not been repaid to the state.

* Sec. 5. AS 14.43.510 is amended by adding a new subsection to read:

(i) In this section, "rural" means a community with a population of 7,500 or less that is not connected by road or rail to Anchorage or Fairbanks or with a population of 3,500 or less that is connected by road or rail to Anchorage or Fairbanks.

Amend #1



Alaska State Senate

Senate Finance Committee

Official Business

Allen Siefel, Chair
State Capital
Juneau, Alaska 99801-4182

FAX COVER SHEET

DATE: 3/15/07 TIME: 9:47

TO: LEGAL

NUMBER OF PAGES, INCLUDING COVER SHEET: 3

FROM: ROBIN PAUL
SENATE FINANCE CMTE. ASST. SECRETARY
PHONE: 465-2618
FAX: 465-2187

NOTES: FINAL PLS: SCS CS HB 18 (FIN)
SCS CS HB 18 Version 25-LS0131/L
as amended by
AMENDMENT # 1
(attached)

Waiting
for
approval
from Miles!
3/15/07
2:37PM

Thanks!
Robin



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

DATE: February 26, 2007

TO: Senator Stedman,
Co-Chairman Senate Finance Committee

FROM: Representative Kevin Meyer

RE: Questions on HB 18 *Postsecondary Medical and Other Educational Programs.*

Senator Stedman,

Co-Chairman Hoffman and Senator Elton raised several questions during the Finance Committee's deliberations on HB 18 *Post-Secondary Medical and Other Educational Programs.* Following are responses to the questions raised. If the committee requires further clarification or more information please contact Mike Pawlowski in my office at extension 2812.

Co-Chairman Hoffman asked:

1. What is the long-term effectiveness of the WWAMI program? How many WWAMI graduates are still practicing in the State of Alaska?
 - a. The first WWAMI class graduated in 1975. 60% of all WWAMI graduates are still practicing in Alaska today.
2. How many WWAMI graduates practice in Bethel? How many WWAMI graduates practice in rural Alaska?
 - a. While WWAMI graduates have previously practiced in Bethel and Western Alaska, there are none currently practicing in the region. Students have however, been accepted from the area and students from rural Alaska represent a significant portion of the incoming WWAMI classes. Out of the 60% of WWAMI graduates practicing in Alaska, almost 1 in 4 are currently practicing in a rural community, compared to only 1 in 10 in the other WWAMI states.

Senator Elton asked:

3. Address whether the Senate Special Committee on Education's amendment functions to increase or decrease the chances a participant will go in to general/family practice. Did the amendment increase the participant's costs in light of the fact that family practice is one of the lowest paid specialties in medicine?
 - a. The answer to the first part of the question is difficult since it requires speculation on an individual's educational and professional choices. The amendment clearly increases the debt burden a student takes on during their studies and through their residency. For example, if a student borrowed their portion of tuition, the obligation they would have accrued after 3, 5 or 7 years of residency at the current interest rate of 7.5% would be:
 - 3 years: \$93,172
 - 5 years: \$107,672
 - 7 years: \$124,429

When viewed in combination with the student's tuition payments of \$15,500 per year, a WWAMI student is faced with the prospect of coming out of residency with as much as \$200,000 in outstanding obligations, in addition to whatever they accrued during their undergraduate career. If interest didn't accrue, the student's WWAMI obligation would be \$75,000. Whether this difference pushes an individual toward one particular specialty or another is difficult to say. However, in accruing a higher obligation a person has substantially increased their incentive to return to Alaska to practice.



REPRESENTATIVE KEVIN MEYER

HOUSE DISTRICT 30

MEMORANDUM

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

The Blank CS for HB 18 (HES) (25-LS0131\K) 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.

Deleted lines 19-23 on page 2 after testimony from ACPE that the provision was too difficult to enforce.



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 a portion of the State's subsidy. House Bill 18 doubles the size of the WWAMI program to 20 participants per year and allows a program participant to perform their residency outside the State without accruing interest.

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: 1/31/2007)



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\A)

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." Increases the amount a person who does not return to Alaska is required to pay back from 20% 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**

**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 Alaska 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.

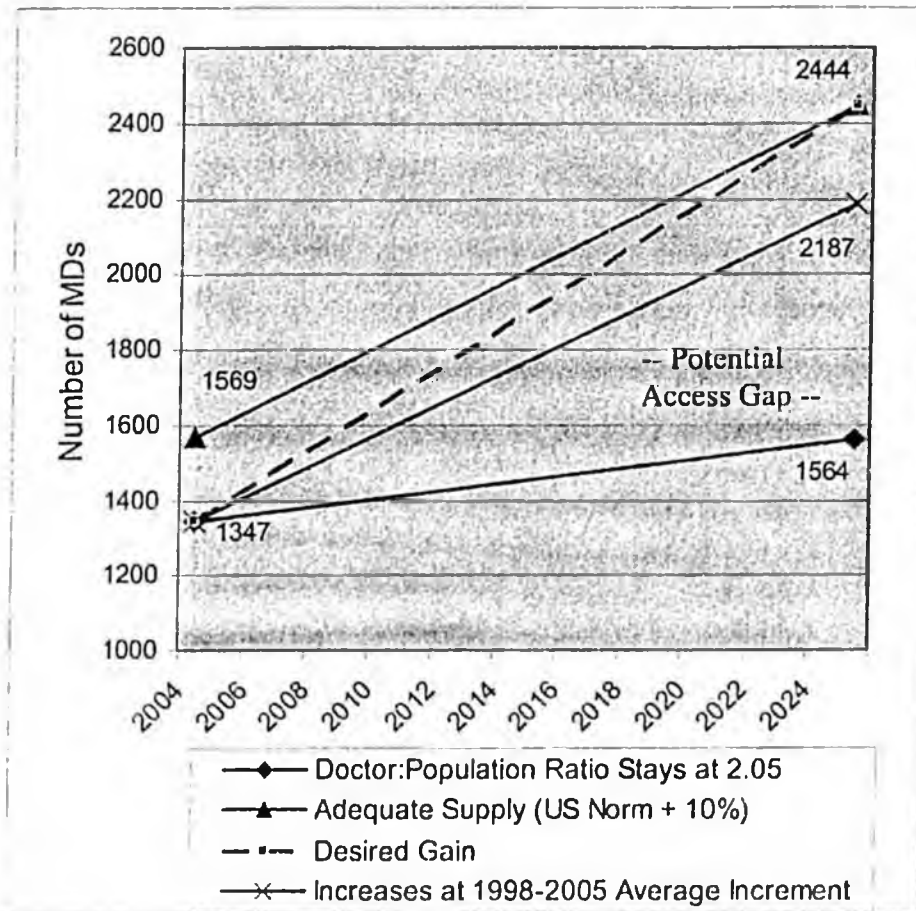
Assessment of need. The Task Force estimates that Alaska has a shortage of 375 physicians, based on the conclusion that Alaska should have 110% of the current national average physician-to-population ratio. In order to correct the deficit and reach an adequate supply of physicians by 2025, Alaska needs 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 Scholars 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.

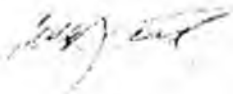
ASMA participated in the process commissioned by University of Alaska President, Mark Hamilton and Alaska Department of Health and Social Services Commissioner Karleen Jackson to quantify the seriousness of the physician shortage in Alaska and to develop recommendations to address the shortage. Indeed, 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,



Dr. Kevin Meyer, M.D., M.P.H.
Member, Alaska State Medical Association



3200 Providence Drive
 P.O. Box 100004
 Anchorage, Alaska
 99510-0004

Tel 907.582.2211

January 17, 2007

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

Dear Representative ^{KEVIN} 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,

E. Ad Parrish
 VP/CE Alaska Region
 Providence Health System

Alaska Physicians & Surgeons, Inc.

4120 Laurel Street, Suite 206

Anchorage, Alaska 99508

Phone: 907-561-7705 Fax: 907-561-7704

Website: www.apsdoctors.org

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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,

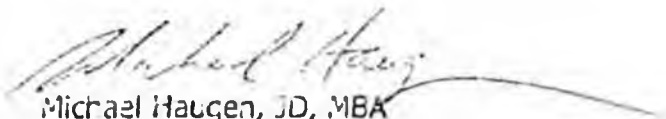
Alaska Physicians & Surgeons (APS) is writing you this letter in support of HB18.

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



426 Main St • Juneau, AK • 99801

Alaska State Hospital and Nursing Home Association

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

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, Kanakanak 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.



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.

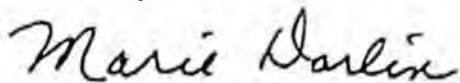
Our AARP members, your constituents, want to stay here after retirement. An affirmative vote on HB 55 will help accomplish that.

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

UNIVERSITY OF AK

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 & 2 (AA) – 10 Alaskans / year
 - Year 3 & 4 (AB) – actually 2004-05 10 WWAMI students (2005-06 200)
 - Year 5 (MD) – 10 Alaskans / year
 - 100% of graduates are board eligible
 - 100% of graduates board certified in primary care
 - Clinical experiences – ~1000 weeks each
 - Most 4-year clerkships available in Alaska
 - Practicing Physicians
 - Participate in WWAMI education – clerkships, RUCOP, WRIFE, etc.
 - Are supported by WWAMI MedCon, free phone consultation service

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

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SARAH PALIN, GOVERNOR

P.O. BOX 110693
JUNEAU, ALASKA 99811-0693
PHONE: (907) 465-3250
FAX: (907) 465-1398

D-mil

February 1, 2007

Representative Mike Kelly
State Capital, Room 513
Juneau, AK 99811

Dear Representative Kelly:

Alaska Commission on Aging (ACOA) fully supports House Bill 55, WWAMI Medical School, which doubles the number of spots for Alaskans in the WWAMI medical school program from 10 to 20.

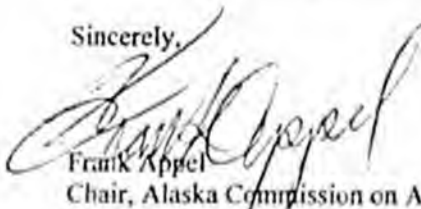
WWAMI is a unique program that presently allows 10 Alaskan medical students to enroll in the Alaska WWAMI Biomedical Program. It is a 5-state collaborative program which allows medical students to complete nearly 3 of 4 years of medical school in the state of Alaska. Of the 78 applicants last year, 10 candidates and 10 alternates were selected to participate in the program. House Bill 55 would double that number of students to enter the program.

Alaska, as with the rest of the nation, is experiencing a shortage of health care workers, especially with doctors and nurses. For many doctors in our state, retirement is just around the corner and replacing these experienced medical providers with newly trained doctors is a priority for all Alaskans and very much so for people 60 and older.

With the senior population in our state projected to be the second fastest growing senior population in the country in the next decade, we need to be fully prepared for meeting the health care needs of this bulging census. By supporting House Bill 55 and allowing 20 new students each year to enter the WWAMI medical school program at the University of Washington, our state will be planning ahead to meet the health care demands of our growing senior population. WWAMI, which is ranked first in primary care medical schools nationwide and seventh in geriatrics, not only allows medical students to pay in state tuition, but also is an incentive for those completing medical school to return to Alaska to practice medicine.

Please join the Alaska Commission on Aging in supporting this important House bill. Please contact ACOA Executive Director Denise Daniello if you have questions. Thank you for your consideration.

Sincerely,


Frank Appel
Chair, Alaska Commission on Aging


Denise Daniello
Executive Director, ACOA

2007/02/01
11:57 AM

To: Co-chair Representative Chenault & Co-chair Representative Meyer and Committee Members

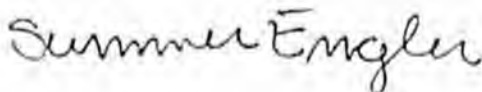
Concerning: HB 18 to increase the WWAMI medical school class size, a student applicant's perspective

My name is Summer Engler. I attend the University of Alaska Anchorage and will graduate in May with a B.S. in Biological Sciences. I am applying to the Alaska WWAMI program for the entering class of 2007. I am writing in support of doubling the WWAMI class size from ten to twenty participants for the entering class of 2007.

Why is an increase in the WWAMI class size important to me? I have several reasons. As an *applicant*, it will increase my chances of getting accepted to medical school. Alaskans are at a disadvantage when it comes to applying to medical school. For example, despite having MCAT scores and GPAs at the national average in 2004, Alaska had the second lowest acceptance rate to all US medical schools. Also, as a *resident* of the state of Alaska, I fear our current and worsening physician shortage. Currently, Alaska needs a net import of 50 new physicians per year. Over the past two years, however, the net increase has only been seven per year (Alaska State Medical Association data). In the future, as Alaska's population grows and our physician workforce ages, we will need an even larger net increase of physicians. As a *patient* in Alaska, I want to have adequate access to healthcare. Fifty percent of Alaska WWAMI students return to Alaska to practice. Increasing the WWAMI class size will increase the number of Alaska-trained physicians that return home to practice medicine. As a *future physician* in Alaska, I want to know that I will have many colleagues helping to meet the growing health care needs of our state.

I thank you for considering an increase in the Alaska WWAMI class size. This investment will help create a healthier Alaska.

Sincerely,



Summer Engler
2007 Alaska WWAMI applicant

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: CSHB18-UA-Sysbra-2-26-07
Bill Version: CSHB18 (HES) Revised
() Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: University of Alaska
Title WWAMI Bill RDU _____
Component _____
Sponsor Rep Meyer Component No. _____
Requester _____

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	250.0	265.0	280.9	297.8	315.6	334.6
Travel	30.0	30.0	30.0	30.0	30.0	30.0
Contractual	30.0	30.0	30.0	30.0	30.0	30.0
Supplies	20.0	20.0	20.0	20.0	20.0	20.0
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	330.0	345.0	360.9	377.8	395.6	414.6

CAPITAL EXPENDITURES	475.0					
-----------------------------	--------------	--	--	--	--	--

CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
1002 Federal Receipts						
1003 GF Match						
1004 GF	180.0	186.0	192.3	199.1	205.8	213.8
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (University Receipts)	150.0	159.0	168.6	178.7	189.8	200.8
TOTAL	330.0	345.0	360.9	377.8	395.6	414.6

Estimate of any current year (FY2007) cost: 0.0
Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	Part-time	Temporary
2		

ANALYSIS: (Attach a separate page if necessary)
CSHB18 proposes to expand the WWAMI program to accommodate 10 new program participants each year. This fiscal note reflects general fund operating expenses that will support two new faculty positions and related support costs associated with travel, contractual services, supplies, and the increased support staff time necessary with the expansion from 10 to 20 students entering the program in 2007. \$475K general fund is also included in the fiscal note and will cover the capital expenses necessary to build out, renovate, furnish and equip approximately 3,000 sq ft of additional space, including study space, office space for new faculty and expansion/upgrade of laboratory space. Students complete their first year of medical school at UAA, then complete the remaining three years through the University of Washington (UW) (some of this training can occur in Alaska). Alaska, through an agreement between Alaska Commission on Postsecondary Education (ACPE) and UW, pays for a portion of the medical school costs for the remaining three years. However, this fiscal note only includes the UA portion of costs.

Prepared by: Michelle Rizk Phone: 907-450-8187
Division: University of Alaska Date/Time: _____
Approved by: Pat Pitney Date: 2/26/2007
Agency: University of Alaska

Community	Population	Community	Population
Anchorage	282813	Ridgeway	1961
Fairbanks North Star Borough	87849	Deltana	1939
Matanuska-Susitna Borough	74041	Ester	1933
Kenai Peninsula Borough	51350	Willow	1932
Juneau	30650	Bear Creek	1922
Fairbanks	30552	Girdwood	1850
Eagle River-Chugiak	30000	Anchor Point	1803
Kodiak Island Borough	13638	Denali Borough	1795
Ketchikan Gateway Borough	13174	Fritz Creek	1723
College	11825	North Pole	1710
Knik-Fairview	10271	Lake & Peninsula Borough	1620
Sitka	8947	Haines	1492
Lakes	7773	Tok	1459
Ketchikan	7622	Houston	1447
Northwest Arctic Borough	7323	Metlakalla	1397
Kalifornsky	6914	Sutton-Alpine	1265
North Slope Borough	6894	Cohoe	1260
Kenai	6864	Lazy Mountain	1238
Tanaina	6622	Farm Loop	1193
Wasilla	6413	Hooper Bay	1133
Meadow Lakes	6332	Craig	1102
Kodiak	6088	Y	1063
Bethel	5812	Bristol Bay Borough	1060
Homer	5454	Delta Junction	1047
Palmer	5382	Healy	993
Sterling	5036	Salcha	946
Douglas	4850	Chevak	916
Valdez	4454	Salamatof	906
Eielson AFB	4447	Sand Point	890
Barrow	4199	Talkeetna	873
Nikiski	4179	Hoonah	861
Unalaska	3940	Skagway	834
Unalaska	3940	Selawik	830
Soldotna	3807	King Cove	807
Gateway	3682	Mountain Village	786
Nome	3508	Ninilchik	784
Petersburg	3155	Togiak	783
Kotzebue	3120	Klawock	780
Butte	3101	Buffalo Soapstone	755
Big Lake	2982	Akutan	741
Fishhook	2784	Emmonak	740
Aleutians East Borough	2643	Big Delta	738
Seward	2627	Funny River	729
Dillingham	2397	Unalakleet	710
Cordova	2288	Womens Bay	703
Haines Borough	2241	Point Hope	702
Kodiak Station	1975	Savoonga	695
Wrangell	1974	Kwethluk	693

*Prepared by Representative Meyer's Office

**Source: Division of Community Advocacy, Alaska Community Database

9:38:06 AM
3/15/07



Dennis P. Valenzano, Ph.D., Director, Alaska WWAMI Biomedical Program, UAA

Most recent 5 classes admitted to Alaska WWAMI at UAA (50 students):

- 4 from home towns with population less than 500
- 5 from home towns with population 500 to 5,000
- 6 from home towns with population 5,000 to 7,000
- 5 from home towns with population 7,000 to 20,000
- 7 from home towns with population 20,000 to 35,000
- 23 from home towns with population greater than 35,000

Hometowns of Alaska WWAMI students who entered in the year indicated:

<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>2006</u>
Anchorage	Palmer	Denali Park	Anchorage	Kenai
North Pole	Anchorage	Nenana	Anchorage	Anchorage
Anchorage	Eagle River	Eagle River	Wasilla	Valdez
Anchorage	Anchorage	Anchorage	Kodiak	Anchorage
Pt. Alsworth	Fairbanks	Port Bailey	Anchorage	Eagle River
Anchorage	Anchorage	Anchorage	Anchorage	Fairbanks
Anchorage	Kasilof	Homer	Eagle River	Kodiak
Talkeetna	Bethel	Anchorage	Juneau	Fairbanks
Juneau	Anchorage	Anchorage	Anchorage	Anchorage
Juneau	Anchorage	Eagle River	Anchorage	Fairbanks

[population from 2000 US census. For cities not listed in the census, from Wikipedia.]



Home Towns of Alaska WWAMI Students. All classes that started at UAA - 1989 through 2006.

Source: AK WWAMI Program Office, UAA
 Distributed by: Senator Donny Olson

Alaska Natives in WWAMI:

1971 – 1986 at UAF
2 Alaska Natives

1989 – 2006 at UAA
17 Alaska Native
3 Native American

[1 Alaska Native in Seattle WWAMI]

[Ethnicity from medical school applications]

Other minorities in WWAMI and in WWAMI medicine pathway programs:

Most recent 5 classes admitted to Alaska WWAMI at UAA (50 students):

6	American Indian
1	Filipino
1	Japanese
2	Other
40	White

[Ethnicity from medical school applications]

To encourage minorities to enter medicine and health careers, the Alaska WWAMI Biomedical Program provides the following programs:

1. Della Keats / U-DOC Summer High School Enrichment
Support from NIH – via partnership with Anchorage Imaginarium
Support from UAA's Division of Academic & Multicultural Student Services
Prior support from US Title VII (federal program, terminated nationwide in '06)
2. NIDDK Summer Biomedical Research Program
Support from NIH

Combined Della Keats/U-DOC & NIDDK (42 students in 2004 and 2005):

18	Alaska Native
12	Asian/Pacific Islander
3	Black/African American
4	Hispanic
5	White

Alaska WWAMI Biomedical Program
3211 Providence Drive, ENGR 331
University of Alaska Anchorage
Anchorage, AK 99508
Phone: 907-786-4789

David Greisen

From: Yvonne Goldsmith [gldsmith@alaska.net]
Sent: Tuesday, March 06, 2007 5:40 PM
To: Sen. Lyman Hoffman; Sen. Bert Stedman; Sen. Charlie Huggins; Sen. Kim Elton; Sen. Donny Olson; Sen. Joe Thomas; Sen. Fred Dyson
Subject: Pls Act on HB 18 quickly

Dear Members of the Senate Finance Committee:

I urge you to act quickly on HB 18 relating to the expansion of the WWAMI program from 10 to 20 placements for our aspiring medical students. This bill has quite a lot of support in the Legislature and among the public. However, if not passed in time, the expansion will not take place this year. Ten students will have their hopes dashed. Ten students will have to put their lives on hold for yet another year.

My young colleague at the Department of Health and Social Services, Division of Public Health, is one of these hopeful students. She grew up in southcentral AK, her parents are long time small business owners. She is fervent in her desire to practice medicine in her home state. She has excellent qualifications and applied to the WWAMI program several times. Last year she was #1 on the waiting list, this year she is #9. She prefers not to apply to any other medical school program because she wants to be associated with the Alaska program. Moving this bill a little more quickly might mean a small effort on this Committee's part and a huge benefit for my colleague and nine other people! And five years from now, not six, we'd have more doctors on hand to care for seniors on Medicare.

Thank you very much for your consideration.
Sincerely,

Yvonne Goldsmith
6035 Bluebell Drive
Anchorage, AK 99516

SENATE COMMITTEE REPORT

DATE: 2/22/07

FURTHER: Finance

DATE TURNED
IN TO OFFICE: _____

Health, Education and Social Services Committee considered CS FOR HOUSE BILL NO. 18(HES)

HB 18 POSTSECONDARY MEDICAL & OTHER EDUC. PROC.

"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."

and recommends:

- be replaced with SCS or CS _____)
- adopt previous SCS or CS _____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
CHAIR:					

HES referral waived
 2/23/07

SENATE COMMITTEE REPORT

DATE: 2/19/07

FURTHER: Health, Education and Social Services
Finance

DATE TURNED IN TO OFFICE: 2/21/07

Senate Special Committee on Education considered CS FOR HOUSE BILL NO. 18(HES)

HB 18 POSTSECONDARY MEDICAL & OTHER EDUC. PROG.

"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."

and recommends:

- be replaced with SCS or CS CSHB 18 (SED)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:
 Same Title
 New Title

HOUSE BILL:
 Same Title
 Technical Title Change
 New Title w/ SCR # _____



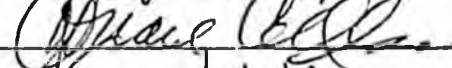
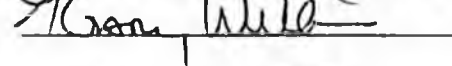

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
EED	1/25/07	✓			1
H.FIN	2/7/07			✓	2

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Sen. Charlie Huggins	X			
	Sen. Betty Davis	X			
	Sen. Donny Olson	✓			
	Sen. Gary Wilken	✓			
CHAIR: 	STEVENS	✓			