HB 235

26-LS0913\R.5
Chenoweth/Mischel
2/8/10

AMENDMENT

OFFERED IN THE HOUSE BY REPRESENTATIVE MUÑOZ

TO: CSHB 235( ), Draft Version "R"

Page 2, line 11:

Delete "The"

Insert "If money has been appropriated for the purpose, the"

Page 2, line 20:

Delete "In addition to other loan forgiveness benefits available to a participant,"

Insert "If money has been appropriated for the purpose, and as an alternative to loan forgiveness benefits provided under (a) of this section,"

Page 2, following line 25:

Insert a new paragraph to read:

"(2) practices in the state in a field of study described in AS 14.44.025(b) for not less than 750 hours during the year;"

Renumber the following paragraphs accordingly.

Page 2, line 30:

Delete "in the state,"

Insert "as provided in AS 47.07,"

Page 2, line 31:

Delete "participant's"

1 Page 2, line 31, following "billings":

2 Insert "submitted by the practice"

Replaced by R.5

26-LS0913\R.4
Kurtz/Mischel
2/6/10

AMENDMENT

OFFERED IN THE HOUSE BY REPRESENTATIVE MUÑOZ

TO: CSHB 235( ), Draft Version "R"

1 Page 2, line 11:
2 Delete "The"
3 Insert "If money has been appropriated for the purpose, the"
4
5 Page 2, line 20:
6 Delete "In addition to other loan forgiveness benefits available to a participant,"
7 Insert "If money has been appropriated for the purpose, and as an alternative to loan
8 forgiveness benefits provided under (a) of this section,"
9
10 Page 2, line 30:
11 Delete "in the state,"
12 Insert "as provided in AS 47.07,"
13
14 Page 2, line 31:
15 Delete "participant's"
16
17 Page 2, line 31, following "billings":
18 Insert "submitted by the practice"

157

AMENDMENT 2

OFFERED IN THE HOUSE BY REPRESENTATIVE MUÑOZ

TO: CSHB 235 ( ), Draft Version "R"

1 Page 2, line 26:

2 Insert "(2) practices in the state in a field of study listed in AS 14.44.025(b) for not less than

3 750 hours during the year; and"

4

5 Page 2, line 26:

6 Delete "(2)"

7 Insert "(3)"

8

9 Page 3, line 2:

10 Delete "(3)"

11 Insert "(4)"

Shortage Designation: Health Professional Shortage Areas (HPSAs)

Shortage Designation Home
Find Shortage Areas
HPSA & MUA/P by Address
HPSA by State & County
HPSA Eligible for the Medicare Physician Bonus Payment
MUA/P by State & County
Health Professional Shortage Areas (HPSAs)
HPSA Designation Criteria, Guidelines & Process
Automatic Facility HPSA Scoring
How to Apply for HPSA Designation
HPSA Dictionary
Designated HPSA Statistics
Medically Underserved Areas/Populations (MUA/Ps)
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Dental HPSA Designation Overview

Also see:

- HPSA Designation Criteria
- Dental HPSA Designation Criteria
- Guidelines for Primary Medical Care/Dental HPSA Designation

There are three different types of HPSA designations, each with its own designation requirements:

- Geographic Area
- Population Groups
- Facilities

Geographic Areas must

- Be rational areas for the delivery of dental services
- Meet one of the following conditions
  - Have a population to full-time-equivalent dentist ratio of at least 5,000:1
  - Have a population to full-time equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and unusually high needs for dental services
- Dental professionals in contiguous areas are overutilized, excessively distant or inaccessible to the population

Population Groups must

- Reside in a rational service area for the delivery of dental care services
- Have access barriers that prevent the population group from use of the area's dental providers
- Have a ratio of the number of persons in the population group to the number of dentists practicing in the area and serving the population group of at least 4,000:1
- Members of Federally recognized Native American tribes are automatically designated. Other groups may be designated if the meet the basic criteria described above.

Facilities must

- Be either Federal and/or State correctional institutions or public and/or non-profit medical facilities
- Federal or State Correctional facilities must:
  - Have at least 250 inmates and
  - Have a ratio of the number of internees per year to the number of FTE dentists serving the institution of at least 1,500:1
- Public and/or non-profit private dental facilities must:
  - provide general dental care services to an area or population group designated as having a dental HPSA and
  - have insufficient capacity to meet the dental care needs of that area or population group

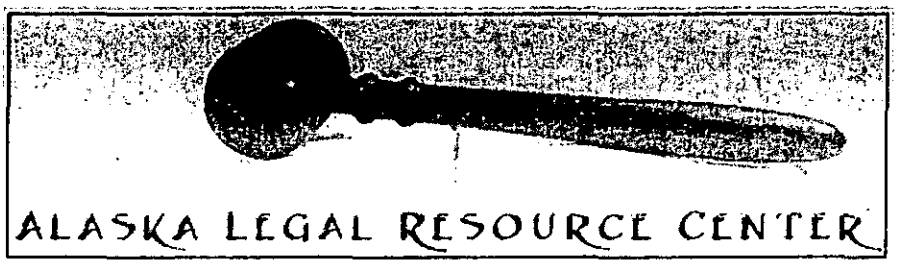
Related Links

State Primary Care Offices for designation application help and State shortage information

Exchange Visitor Program for physicians with J-1 visas working in HPSAs

National Health Service Corps scholarships & loan repayment in return for service at NHSC-approved sites in greatest-need HPSAs

Medicare PSA/HPSA Physician Bonus



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Alaska Statutes.
Title 47. Welfare, Social Services and Institutions
Chapter 7. Medical Assistance For Needy Persons

previous: Section 390. Definitions.
next: Section 10. Purpose.

Chapter 7. Medical Assistance For Needy Persons

Section 10. Purpose.
Section 20. Eligible Persons.
Section 25. Assignment of Medical Support Rights.
Section 30. Medical Services to Be Provided.
Section 32. Inpatient Psychiatric Services For Persons Under 21 Years of Age.
Section 35. Priority of Medical Assistance. [Repealed, Sec. 4 Ch 106 SLA 2003].
Section 36. Cost Containment Measures Authorized.
Section 40. State Plan For Provision of Medical Assistance.
Section 42. Recipient Cost-Sharing.
Section 45. Home and Community-based Services.
Section 50. Implementation of the Medical Assistance Program.
Section 55. Recovery of Medical Assistance From Estates.
Section 60. Receipt of Federal Money.
Section 63. Payment For Certain Services Furnished or Paid For By a School District.
Section 65. Payment For Prescribed Drugs.
Section 67. Payment For Adult Dental Services.
Section 70. Payment Rates For Health Facilities.
Section 71. Reports By Health Facilities.
Section 72. Report By the Department. [Repealed, Sec. 35 Ch 126 SLA 1994].
Section 73. Uniform Accounting, Budgeting, and Reporting.
Section 74. Audits and Inspections.
Section 75. Administrative Procedure.
Section 80. [Renumbered as AS 47.07.900
Section 110. - 47-07-190l Medicaid Rate Advisory Commission [Repealed, Sec. 6 Ch 28 SLA 2003].
Section 900. Definitions.

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Alaska Statutes.
Title 47. Welfare, Social Services and Institutions
Chapter 7. Medical Assistance For Needy Persons
Section 10. Purpose.

previous: Chapter 7. Medical Assistance For Needy Persons
next: Section 20. Eligible Persons.

AS 47.07.010. Purpose.

It is declared by the legislature as a matter of public concern that the needy persons of this state who are eligible for medical care at public expense under this chapter should seek only uniform and high quality care that is appropriate to their condition and cost-effective to the state and receive that care, regardless of race, age, national origin, or economic standing. It is equally a matter of public concern that providers of services under this chapter should operate honestly, responsibly, and in accordance with applicable laws and regulations in order to maintain the integrity and fiscal viability of the state's medical assistance program, and that those who do not operate in this manner should be held accountable for their conduct. It is vital that the department administer this chapter in a manner that promotes effective, long-term cost containment of the state's medical assistance expenditures while providing medical care to recipients. Accordingly, this chapter authorizes the department to apply for participation in the national medical assistance program as provided for under 42 U.S.C. 1396 - 1396p (Title XIX, Social Security Act).

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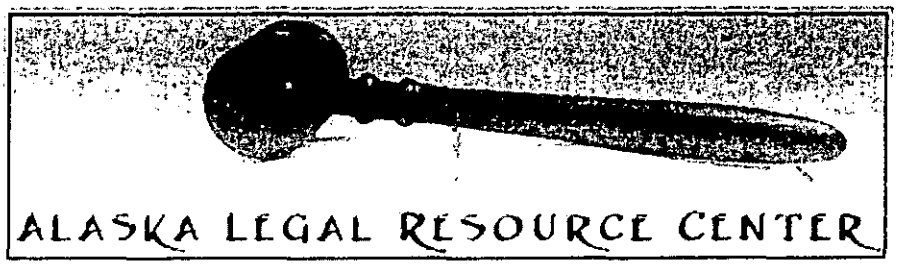

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Alaska Statutes.
Title 47. Welfare, Social Services and Institutions
Chapter 7. Medical Assistance For Needy Persons
Section 20. Eligible Persons.

previous: Section 10. Purpose.
next: Section 25. Assignment of Medical Support Rights.

AS 47.07.020. Eligible Persons.

(a) All residents of the state for whom the Social Security Act requires Medicaid coverage are eligible to receive medical assistance under 42 U.S.C. 1396 - 1396p (Title XIX, Social Security Act).

(b) In addition to the persons specified in (a) of this section, the following optional groups of persons for whom the state may claim federal financial participation are eligible for medical assistance:

(1) persons eligible for but not receiving assistance under any plan of the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act, Supplemental Security Income) or a federal program designated as the successor to the aid to families with dependent children program;

(2) persons in a general hospital, skilled nursing facility, or intermediate care facility, who, if they left the facility, would be eligible for assistance under one of the federal programs specified in (1) of this subsection;

(3) persons under 21 years of age who are under supervision of the department, for whom maintenance is being paid in whole or in part from public funds, and who are in foster homes or private child-care institutions;

(4) aged, blind, or disabled persons, who, because they do not meet income and resources requirements, do not receive supplemental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act), and who do not receive a mandatory state supplement, but who are eligible, or would be eligible if they were not in a skilled nursing facility or intermediate care facility to receive an optional state supplementary payment;

(5) persons under 21 years of age who are in an institution designated as an intermediate care facility for the mentally retarded and who are financially eligible as determined by the standards of the federal program designated as the successor to the aid to families with dependent children program;

(6) persons in a medical or intermediate care facility whose income while in the facility does not exceed $1,656 a month but who would not be eligible for an optional state supplementary payment if they left the hospital or other facility;

(7) persons under 21 years of age who are receiving active treatment in a psychiatric hospital and who are financially eligible as determined by the standards of the federal program designated as the successor to the aid to families with dependent children program;

(8) persons under age 21 and not covered under (a) of this section, who would be eligible for benefits under the federal program designated as the successor to the aid to families with dependent children program, except that they have the care and support of both their natural and adoptive parents;

(9) pregnant women not covered under (a) of this section and who meet the income and resource requirements of the federal program designated as the successor to the aid to families with dependent children program;

(10) persons under 21 years of age not covered under (a) of this section who the department has determined cannot be placed for adoption without medical assistance because of a special need for medical or rehabilitative care and who the department has determined are hard-to-place children eligible for subsidy under AS 25.23.190 - 25.23.210;

(11) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title XIX, Social Security Act, Medical Assistance) to be individuals with respect to whom a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) because they meet all of the following criteria:

(A) they are 18 years of age or younger and qualify as disabled individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);

(B) the department has determined that

(i) they require a level of care provided in a hospital, nursing facility, or intermediate care facility for the mentally retarded;

(ii) it is appropriate to provide their care outside of an institution; and

(iii) the estimated amount that would be spent for medical assistance for their individual care outside an institution is not greater than the estimated amount that would otherwise be expended individually for medical assistance within an appropriate institution;

(C) if they were in a medical institution, they would be eligible for medical assistance under other provisions of this chapter; and

(D) home and community-based services under a waiver approved by the federal government are either not available to them under this chapter or would be inappropriate for them;

(12) disabled persons, as described in 42 U.S.C. 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under applicable federal regulations or guidelines, is less than 250 percent of the official poverty line applicable to a family of that size according to the United States Department of Health and Human Services, and who, but for earnings in excess of the limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals with respect to whom a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is not eligible under another provision of this section shall pay a premium or other cost-sharing charges according to a sliding fee scale that is based on income as established by the department in regulations;

(13) persons under 19 years of age who are not covered under (a) of this section and whose household income does not exceed 175 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2);

(14) pregnant women who are not covered under (a) of this section and whose household income does not exceed 175 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2);

(15) persons who have been diagnosed with breast or cervical cancer and who are eligible for coverage under 42 U.S.C. 1396a(a)(10)(A)(ii)(XVIII).

(c) Receipt of medical assistance under this chapter is considered to be an additional benefit to these individuals and does not affect other assistance payments, federal or state, for which the recipient is eligible.

(d) Additional groups may not be added unless approved by the legislature.

(e) Notwithstanding (b)(4) of this section, a person is not eligible for Medicaid benefits until a final determination is made on the eligibility of that person for benefits under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act).

(f) A person may not be denied eligibility for medical assistance under this chapter on the basis of a diversion of income, whether by assignment or after receipt of the income, into a Medicaid-qualifying trust that, according to a determination made by the department,

(1) has provisions that require that the state will receive all of the trust assets remaining at the death of the individual, subject to a maximum amount that equals the total medical assistance paid on behalf of the individual; and

(2) otherwise meets the requirements of 42 U.S.C. 1396p(d)(4).

(g) A person's eligibility for medical assistance under this chapter may not be denied or delayed on the basis of a transfer of assets for less than fair market value if the person establishes to the satisfaction of the department that the denial or delay would work an undue hardship on the person as determined on the basis of criteria in applicable federal regulations.

(h) A person who meets the eligibility requirements of (a) or (b) of this section, except that the person is a qualified alien as defined in 8 U.S.C. 1641, is eligible for medical assistance unless the person is not eligible under the limited eligibility provision of 8 U.S.C. 1613.

(i) The department may allow a person under 19 years of age who is determined to be eligible for benefits under this chapter to remain eligible for those benefits for up to 11 calendar months following the month that the person is determined eligible for benefits or until the person is 19 years old, whichever occurs earlier.

(j) [See conditional effective date note]. A person may not apply for medical assistance coverage on behalf of a child under 18 years of age who is not emancipated unless the person is the parent or legal guardian of the child or, if the parent or legal guardian can be contacted and consents to the application, the person is

(1) an adult caretaker relative who lives with the child and who is exercising care and control of the child; or

(2) an employee of the department who is applying on behalf of a child who is in the custody of the department.

(k) [See conditional effective date note]. A child who is unemancipated may apply for medical assistance coverage on the child's own behalf if the parent or legal guardian of the child consents to the application. The department may waive consent under this section if the child expresses a reasonable fear of the child's parent or legal guardian or the department has been unable to contact the parent or legal guardian after the department has made reasonable efforts to do so. If a waiver of consent is granted, the department shall document the reason for the waiver in the child's medical assistance record.

(l) [See conditional effective date note]. Notwithstanding the eligibility provisions under (a) and (b) of this section, a person may not receive medical assistance under this section unless the person first enrolls in the Medicare program under 42 U.S.C. 1395 to the extent that the person is eligible to receive benefits and services under the program.

(m) [See conditional effective date note]. Except as provided in (g) of this section, the department shall impose a penalty period of ineligibility for the transfer of an asset for less than fair market value by an applicant or an applicant's spouse consistent with 42 U.S.C. 1396p(c)(1).

(n) [See conditional effective date note]. Except as provided under 42 U.S.C. 1396p(f) and 42 U.S.C. 1396u-1, the department shall include as an asset for eligibility purposes the value of an applicant's home if the equity value in the home exceeds $500,000 at the time the application is completed. Nothing in this subsection prohibits an applicant from reducing the equity value in the applicant's home by selling the home or by taking out a loan that affects the equity.

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WWAMI RURAL HEALTH RESEARCH CENTER
Policy Brief • April 2009

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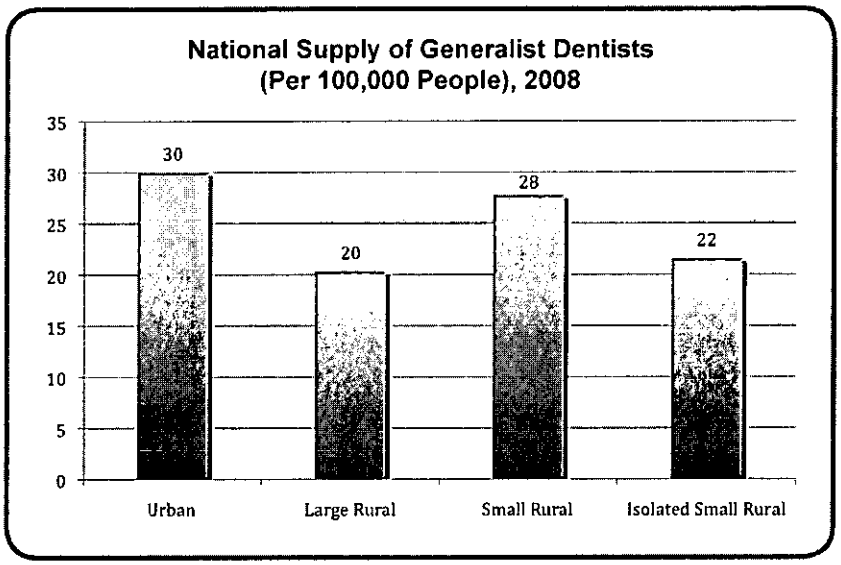
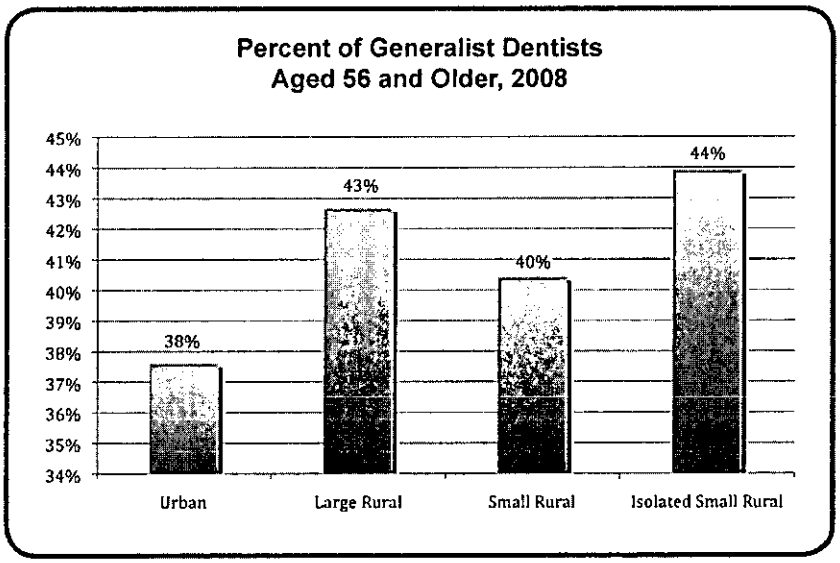
The Crisis in Rural Dentistry

Issues

Rural populations have fewer dentists, lower dental care utilization, and higher rates of dental caries and permanent tooth loss than urban populations.[1-5] Reports from the Surgeon General[4] and the Institute of Medicine[6] call for more dentists in rural locations. Federal and state programs have focused on expanding rural dentist supply to increase dental access and improve oral health, but efforts may need to intensify to meet the needs of rural communities.





Evidence

- Of the 2,050 U.S. rural counties, 1,221 (60%) are designated dental health professional shortage areas (HPSAs).[6]
- In 2008, there were 22 "generalist" (general practice, pediatric, or public health) dentists per 100,000 persons in rural areas compared with 30 in urban areas, nationally.[7]
- Nationally, rural areas had a higher percentage of generalist dentists aged 56 or older than urban areas (42% vs. 38%). This percentage was 44% in remote rural locations.[7]
- In 2004, dentists working at rural federally-qualified community health centers (CHCs) were in high demand and short supply. Almost half of rural CHCs had vacant dentist positions for over 7 months.[8]

Potential Solutions

The following strategies could be used to bolster the rural oral health care workforce:

- Admit dental students likely to choose rural careers, such as those from rural locations.
- Focus dental school expansion on the shortage of rural providers.
- Support rural programs and divisions within dental schools and their roles in teaching and mentoring students (e.g., training programs in rural general practice and pediatric dentistry).
- Provide rural experiences during dental education, such as rural training tracks.
- Increase opportunities for dental students and residents interested in rural careers to acquire the broad skill set needed for rural practice.
- Support loan repayment programs for dental students who enter rural practice.
- Enhance the ability of rural communities to recruit and retain dentists through locally-driven community, economic, and leadership development efforts.

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The WWAMI RHRC receives its core funding from the Health Resources and Services Administration's Office of Rural Health Policy.

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This study was supported through the WWAMI Rural Health Research Center with funding from the federal Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service.

PROVISIONS FOR LOAN FORGIVENESS/SCHOLARSHIPS AND GRANTS

Information derived from state statutes, regulations and various reports about programs that provide loan benefits and scholarship assistance in return for serving defined low-access communities or populations

More than half of the states have some kind of loan forgiveness / scholarship assistance programs in place.

States vary on the delivery and amount of the incentives. Some states provide scholarships while other state incentive programs pay off the loan *after* graduation. Either way, it is the equivalent of students not having to pay for some or all of dental school with the agreement that they will practice for a set amount of time in a manner that is intended to reduce access problems.

Overview of States:
The framework of each state law is basically the same—a contract with a limited number of dentists to perform dental services in an area designated underserved for a period of time (2-5 years). The amounts allocated per provider range from about $20,000 total to $125,000. The laws are pretty broad with respect to practice location and patients served—but are consistent in that they require that underserved patients be the focus of care delivery.

For instance, **Arizona** requires the dentists to serve full-time providing primary care services at eligible service sites. Many states use the federal designation Dental Health Professional Shortage Area (i.e. **California**, **Indiana**, **Oklahoma** and **Washington D.C.**) to determine where a dentist must locate. **Minnesota** dentists must agree to deliver at least 25 percent of the annual patient encounters to state public program enrollees or patients receiving sliding fee schedule discounts through a formal sliding fee schedule.

Presented here is a state-by-state summary of their loan forgiveness / scholarship grant programs. While the information contained in this document is of general interest the information presented here is a snapshot at a particular point in time. One cannot rely solely on this document as being a comprehensive and up-to-date list of states that have such provisions. For specific details on a particular state please contact the state dental society.

Alabama

The Board of Dental Scholarship Awards was established to provide scholarships and scholarship loans for the education of qualified applicants for admission to dental schools in Alabama who agreed to practice in underserved areas. Repayment could be based on service alone, or on a combination of service and payments, depending on the location of the practice, rural verses urban, and the duration of time in that practice. The terms of various types of repayment are set out in the law. The law was amended in 2007

to create the "Rural Dental Health Scholars Program" to provide for loans and scholarships to both high school and dental students who are interested in practicing in rural areas of the state.

Arizona

Requires primary care provider to contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months. Requires: a signed contract for current or prospective employment at an eligible service site or a letter of intent of employment at an eligible service site; A contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12-or 24-month contract extensions available upon mutual agreement with the individual in the senior leadership position at the service site; Agreement to work at least 32 of the minimum 40 hours per week; provider to charge for services at the usual and customary rates in the primary care area, except that patients unable to pay are to be charged a reduced rate according to the service site's sliding-fee scale or not charged; Agreement not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS, and; Agreement to accept assignment for payment under Medicare and to participate in AHCCCS.

Arkansas

The state provides a forgivable loan program to assist Arkansas dental students attending specified out-of-state health and medical professional schools. The loans may be forgiven at the rate of one (1) year's loan for one (1) year's practice in Arkansas.

California

Provides loan repayment to recent dental school graduates who practice for three years in a community clinic or office in an underserved area. A "Dentally underserved area" is eligible for designation via the federal shortage designation criteria defined Title 42, Chapter I, Part, Appendix B (Criteria for Designation of Areas Having Shortages of Dental Professionals) or an area where unmet needs exist as determined by the state. Loan repayments are limited to ($105,000) per individual. After completing one year of service, $25,000 is awarded. After two consecutive years, $35,000 is awarded, for a total loan repayment of up to $60,000. After three consecutive years, $45,000 is awarded, for a total loan repayment of up to $105,000. Program extended until July 1, 2012 in 2009 S 599.

Colorado

The state dental loan repayment program pays all or part of the principal, interest, and related expenses of the educational loans of each eligible dental professional who agrees to provide care to underserved populations for at least 2 years. Funding includes moneys credited to the tobacco litigation settlement fund to the extent available, appropriations from state general fund, as well as other public and private donations. Section 25-23-104 (1), C.R.S.

Connecticut

Connecticut pays for part or all of qualifying educational loans (principal, interest and related expenses for dentists and hygienists). $15,000 per year, for minimum of 2 years and up to four (4) years with an extension in Community Health Centers and other eligible primary care sites in the state, designated by the federal government as Medically Underserved Areas (MUA) and as Health Professional Shortage Areas HPSA). Work time requirements under the Connecticut SLRP program are for a minimum of 40 hours/wk, (max of 8 hrs may be practice-related administrative activities).

Delaware

The State Loan Repayment Program for Dentists and Physicians is designed to recruit physicians and dentists to underserved areas of the state by repaying a portion of their educational debt in exchange for their commitment to practice in underserved area. The dental component was launched in 2001.

Georgia

Provides loan assistance to dentists who agree to practice full time (minimum 40 hours / week) in rural areas of the state. The dentist must maintain a Georgia Medicaid number and actively treat Medicaid patients.

The contracts with the "Dentists for Rural Areas Assistance Program" will be for one

year, renewable up to three times for a total of 4 years. The amount of the award shall be determined by the State Medical Education Board (SMEB) annually.

If the dentist defaults the penalty shall be immediate liability for two times the original principal amount of the loan award.

Hawaii

A Hawaii law enacted in 2008 establishes the Hawaii Health Corps Program working group; provides for the development of a plan to establish a program for tuition loan repayments and stipends for physician and dentist participants serving in underserved areas; provides that priority placement in the program will be for graduates of the John A. Burns School of Medicine; requires participants to commit and serve as first responders in the event of a declared emergency.

Idaho

The Rural Health Care Access Fund provides grants to improve access to primary care medical services in areas designated as primary care health professional shortage areas and medically underserved areas. Individual grant awards are limited to $35,000, direct and indirect costs, per year. Applicants may propose projects for funding for up to three years. Title 39, Chapter 59, Idaho Code.

Illinois

Provides grants to Illinois students enrolled or accepted in Illinois dental schools, and who contract to practice dentistry in a designated shortage area in the State. Student must be certified by the school as being eligible to receive financial aid. Upon the Illinois licensure of the student to practice dentistry, the student shall serve as a general practice dentist in a designated shortage area in the State. The term of this service shall be as provided in the Dental Student Grant Act.

2007 S 387 was enacted. Creates the Loan Repayment Assistance for Dentists Act (110 ILCS 948). Requires the Department of Public Health to establish an educational loan repayment assistance program for dentists who practice in designated shortage areas in this State for 2 years. There law enumerates requirements of participation and the penalty is to repay the amount of the benefit received if the dentist does not fulfill the terms agreed upon. The law was amended in 2009 by adding eligibility of dental hygienists for loan repayment assistance and by adding up to two subsequent one-year grants for dentists. Dentists currently are eligible for a two year grant. 2009 S 275.

Indiana

The Indiana health care professional recruitment and retention fund provides loan repayment for student loans up to $40,000 ($20,000 per year) incurred by dentists agreeing to serve a two-year stint in federally designated shortage area or an area approved by the state as underserved.

In 2009 H 1573 was enacted:
The Indiana dental recruitment fund is established to provide grants to dentists and dental hygienists to encourage the full-time delivery of dental care in underserved areas and to increase the number of minority dentists and dental hygienists in Indiana. To qualify one must be licensed and have entered into an agreement with the recruitment committee to: (A) either: (i) commit to working five (5) years in a underserved area or as a minority dentist or dental hygienist in Indiana for a yearly grant of thirty-five thousand dollars ($35,000); or (ii) commit to working two (2) years in a underserved area or as a minority dentist or dental hygienist in Indiana for a yearly grant of thirty thousand dollars ($30,000) with the option by the dentist or dental hygienist to serve up to three (3) additional years for a yearly grant of thirty-five thousand dollars ($35,000); (B) provide an average of at least forty (40) hours of dentistry per week in underserved areas or as a minority dentist or dental hygienist in Indiana; (C) maintain a patient base that includes at least thirty percent (30%) as Medicaid patients; and (D) provide a sliding fee scale, as approved by the committee, for low income patients.
The agreement shall include a clause that if the dentist or dental hygienist does not comply with the requirements they will pay back to the committee seven thousand five hundred dollars ($7,500), plus interest, for each month that they do not serve or had left to serve under the terms of the agreement.

Maine

The Finance Authority of Maine awards up to 3 loans or loan repayment agreements annually up to an aggregate of 12. Under the program, loans may be awarded to Maine residents who have been accepted into dental school. If, upon completing dental education, the loan recipient elects to practice dentistry in an area determined to be underserved, the loan recipient may be forgiven a 25% portion of the loan per year after executing a loan repayment agreement.

Maryland

Maryland's new law provides up to $100,000 total loan assistance over a three-year period, during which a dentist accepts 30% of his/her caseload from the Medicaid-eligible population. Assistance is limited to 5 dentists per year for a total of 15 dentists over the three-year program.

Massachusetts

The Massachusetts Dental Society reports that as of 2009, there are two state programs that offer loan repayment or tuition reimbursement. However, that there is not enough funding in these programs to make a difference to many students. In fact, with one of these programs, dentists are forced to compete with physicians for limited financial resources.

The Massachusetts State Loan Repayment Program (MSLRP) offers loan repayment for dentists and hygienists who agree to practice in a community health center or a public licensed clinic for two years. The Commonwealth's $250,000 is matched by the federal government, resulting in a $500,000 program. The program is administered by the Massachusetts Department of Public Health (DPH) and is available to health professionals—including, but not limited to, dentists and hygienists—who work in designated Health Professional Shortage Areas (HPSAs).

The MDS reports that dental professionals are under-represented in the program because there are fewer community health centers in these shortage areas in Massachusetts, and rules that accompany federal matching funds preclude the DPH from structuring the program in a manner that would attract more dental professionals to more health centers.

Additionally, the state provides $1 million, administered by the University of Massachusetts, with 50 percent earmarked for loan repayment and tuition reimbursement. Of this amount, $120,000 funds a scholarship at each of the state's three dental schools for students agreeing to work in a community health center for two years, $380,000 goes to loan repayment for dentists already working in community health centers, and $500,000 is designated for community health center infrastructure.

Minnesota

Students accepted into the program serve at least three years during which at least 25 percent of the patient encounters are state public program enrollees or patients receiving sliding fee schedule discounts. The state pays $10,000 per year up to four years, not to exceed the lesser of $40,000 or the balance of the qualifying loans.

Missouri

Dentists and dental school students enrolled in their final year of course study may participate in the Health Professional Student Loan Repayment Program. The maximum amount of repayment assistance is not to exceed the maximum allowed under the National Health Services Corps Repayment Program. Program participants must agree to see all patients regardless of their ability to pay. Students breaching contracts will be responsible for damages incurred by the Department of Health and legal costs incurred in the collection of damages.

Nebraska

Pays educational expenses and repay loans for dental students who agree to practice in a designated health profession shortage area, within 3 months of graduation. The amount of financial assistance is limited $80,000 over the course of schooling. Each loan repayment recipient agrees to provide services for at least 3 years and accept Medicaid patients. Failure to complete the 3-year commitment, without good cause, results in repaying outstanding amount plus 25% of the amount of financial assistance received.

Nevada

Under the Western Regional Higher Education Compact (agreement among 13 western states & NV), a dentist receives a support fee,

25% of which is a loan to be repaid by the dental graduate. Practicing in a medically underserved area of this state for at least 2 years results in a forgiveness of the loan balance (25% of the support fee). If a person returns to this state under the compact, but does not practice in a medically underserved area of this state for at least 2 years, the state assesses a default charge and interest. (Chapter 397 of NRS)

New Jersey

N.J.S.18A:71C-33 Primary care practitioner (includes dentists) loan redemption program. To be eligible a dentist must serve at least an initial two-year period at an approved site in full-time clinical practice in designated underserved areas and allow a patient who is unable to pay the usual and customary charge to pay at a reduced rate or receive care at no charge. Part-time practice maybe allowed based on special circumstances after the initial two years. The qualifying dentist shall be permitted a total redemption of eligible qualifying loan expenses for four years of service up to, but not to exceed, $120,000, or the maximum amount authorized by the federal government, whichever is greater, in State funds. A program participant who has previously entered into a contract for service and loan redemption may nullify the agreement by notifying the authority in writing and reassuming full responsibility for the remaining outstanding balance of the loan debt. A program participant seeking to nullify the contract before completing a second full year of service shall be required to pay 50% of the redeemed portion of indebtedness in not more than one year following nullification of the agreement. Enacted Nov. 20, 2009, SB 1220.

New Mexico (2 programs)

The HEALTH PROFESSIONALS LOAN REPAYMENT PROGRAM requires a two year service commitment in a health professional shortage area. Primary Care Physicians; Physician Assistants; Advanced Practice Nurses; **Dentists**, Podiatrists, Optometrists & Allied Health Care Providers may receive up to $35,000 annually.

Eligibility for the NEW MEXICO HEALTH SERVICE CORPS: a New Mexico resident enrolled or accepted by an accredited or approved educational program of study or be engaged in a residency training program or preceptorship that is within 24 months of completion of the program of study and becoming eligible to apply for a license or certificate in the profession of study. Primary Care Physicians, Family Nurse Practitioners, Physician Assistants, **Dentists**, Dental Hygienists, Emergency Medical Technician-Paramedics may earn up to a $40,000 stipend (2 awards of $20,000, less for non-physician). Requires a two year service commitment (1600 hours a year) in a designated health professional shortage area.

Western Interstate Commission on Higher Education (WICHE). Average $21,300 per year up to 4 years and must return to New Mexico.

North Carolina

Loan repayment assistance is provided for General Dentists and Dental Hygienists who accept positions in approved public health/safety net dental clinics. The state Loan Repayment Program offers 2-4 year repayment schedules for general dentists and dental hygienists in exchange for working full time at approved safety net dental sites. Principle plus interest maximums for dentists are $70,000 in exchange for a four year commitment; $30,000 for dental hygienists in exchange for a 3 year commitment. In addition, a 39% tax stipend is added to help offset the provider's increased tax liability.

North Dakota

The state annually selects up to three dentists who enter a four-year nonrenewable contract where education loans are repaid in exchange for the dentist(s) agreeing to practice in underserved communities identified by the state health council. The council establishes a priority ranking for participation in the program for the selected communities. Dentists are eligible to receive funds for the repayment of their education loans, which may not exceed eighty thousand dollars per applicant over a four-year period.

2007 S 2152 was enacted. Enacts provisions for a dentist to receive school loan repayments as an incentive to practice: the practice cannot be within a 15 mile radius of Bismarck, Fargo or Grand Forks (the largest cities in ND), the

dentist must receive medical assistant reimbursement for dental care of at least $20,000 or must practice at least 2 days a week at a public health clinic or at a nonprofit dental clinic that uses a sliding fee schedule to bill the nonprofit dental clinic's patients.

Ohio

The dentist loan repayment program provides loan repayment assistance in amounts of up to $25,000 for each of the first two years of service and up to $35,000 per year for the third and fourth years of service for new dentists who agree to practice at least 40 hours per week in a designated dental health professional shortage area and treat patients regardless of their ability to pay. The program will be funded with a $20 increase in dentists' licensing fees, government funding and private contributions.

Oklahoma

In 2006, the Oklahoma Legislature passed the Oklahoma Dental Loan Repayment Act (S.B. 1737), authorizing an additional $125,000 each year for five years to fund the Oklahoma Dental Loan Repayment Program. This program provides $25,000 per year, per dentist, for four dentists to practice in counties determined by the Oklahoma State Department of Health to be dental health professional shortage areas and one dentist to practice and teach at the OU College of Dentistry. The state currently has 42 counties designated as shortage areas through 2009. As part of their agreement, participating dentists must treat a minimum of 30% Medicaid patients. All participating dentists also must commit to practice in a shortage area for two years, with an option to renew for up to five years total.

Pennsylvania

A physician or dentist who agrees to treat patients eligible for medical assistance and Medicare in a designated medically underserved area as a primary health care practitioner for not less than three years is eligible to receive up to $64,000 in loan exonerations based on the following schedule: (i) Year one, 15%, (ii) Year two, 20%, (iii) Year three, 30%, (iv) Year four, 35%. Failure to begin or complete the obligations contracted for shall pay to the agency three times the amount of assistance received.

Rhode Island

Provides educational loan repayment for healthcare professionals committed to working in primary care health professional shortage areas or dental health professional shortage areas. Requires a two year commitment to provide full-time services at a site that has been approved for funding. Must charge for professional services at the usual and customary rates prevailing in the areas in which such services are provided. If a person is unable to pay such charge, they'll be charged a reduced rate or no fee. The professional also must serve full time (40 hours per week), with no more than 20% of the time devoted to administrative work and agree not to discriminate on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made through Medicare or Medicaid. The professional must enter into an appropriate agreement with the State agency that administers Medicaid.

South Carolina

Each loan or scholarship lasts for a period of one year only. However, recipients who successfully complete the related year of study have first priority on unobligated funds for renewal of the loan or scholarship for the succeeding year. Each loan or scholarship has two parts: (1) Payment of tuition and other school related expenses up to a total of $5000 per year, and (2) an allowance of $100 per month for living expenses. Requires practice in a county with a dentist ratio of not more than one dentist for each four thousand people. For each year an applicant benefits from a loan or scholarship s/he is required to practice in the underserved county.

Applicants who receive a scholarship or loan for four years are only required to practice in a county for three years, at the end of which time the loan is considered paid in full.

South Dakota

Provides that up to 3 dentists are eligible to receive tuition reimbursement payments if the licensed to practice dentistry and (s)he agrees to practice general dentistry in an eligible community for a minimum period of three years. Section 1-16A-73.20

Texas

Texas makes annual repayment(s) within a time frame determined by the Board upon the dentist's completion of each twelve-month service period. Dentists must complete at least one year of dental practice in an area of the state that is underserved with respect to dental care. The commissioner of higher education may determine how much a dentist may receive in assistance grants for each of not more than five years. Amended in 2009.

Utah

Creates Utah Health Care Workforce offering loan repayment & scholarship grants for dentists, who locate or continue to practice in underserved areas. The Program will have an advisory committee one member of which will be a member of the Utah Dental Association.

Vermont

The loan repayment fund established under 18 V.S.A. Section 10a or for the Vermont student assistance corporation for loan forgiveness programs for health care providers through the dental hygienist incentive loan program and the dental student incentive loan program.

Virginia

The dental loan repayment program provides incentives to dental students agreeing to practice in underserved areas designated by the State Board of Health through criteria derived by comparing population data, dentist population and dental health professional shortage areas determined by the federal HHS department. Preference will be given to graduates of Virginia Commonwealth University's School of Dentistry. Scholarship recipients may receive a max of five scholarships. The award(s) equal one-year in-state tuition at Virginia Commonwealth University School of Dentistry for the year in which the loan was acquired.

Wisconsin

To benefit from loan assistance, the dentist must agree to provide dental services to at least 50 unduplicated medical assistance or badger care recipients, not to fall below a minimum of $8,000 in claims paid. In year two of the dentist's agreement, the dentist must see at least 70 unduplicated medical assistance or badger care recipients, not falling below $11,000 in claims paid. Year three, the dentist must provide dental services to at least 90 recipients, with a minimum claim amount of $15,000.

Wyoming

Will pay the cost of dental education for up to 10 dental students per year in exchange for their agreeing to practice for up to 3 years on patients eligible for medical assistance or the child and parent health insurance program. If the student fails to fulfill the terms of the agreement then the costs of education are repayable to the state of Wyoming.

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State Government Affairs
Created Sept. 17, 2004 & revised periodically
#49-Loan Forgiveness Incentives

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Department of State Government Affairs
Loan Forgiveness Incentives Statelist
December 9, 2009

Louie Flora

Subject: FW: Statistics on Pharmacist shortage- Alaska/HB235
Attachments: WICHE Tuition -pharmacy school.xls; WICHE- Pharmacy Workforce.pdf; HB235-statistics.doc

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From: Nancy Davis [mailto:akphrmcy@alaska.net]
Sent: Monday, January 25, 2010 12:34 PM
To: Rep. Bob Buch; Rep. Bryce Edgmon; Rep. Berta Gardner; Rep. Wes Keller; Kendra Kloster; Rep. Cathy Munoz; Rep. Paul Seaton; Rep. Peggy Wilson
Cc: David Logan, DDS; Jim Towle; Caren Robinson; Barry Christensen; Dirk White; Diane Barrans; Amber Briggs; Dermot Cole
Subject: RE: Statistics on Pharmacist shortage- Alaska/HB235

Attn: House Education Committee Members
Thank you for allowing those of us on the call last Friday to testify in support of HB235. I was asked to submit statistics supporting the shortage of pharmacists in Alaska, which are attached and a comparison of in-state vs out-of-state tuition for WICHE schools of pharmacy. I will add that Alaska is the only WICHE state without a School of Pharmacy.
Respectfully,
Nancy O Davis
Executive Director
Alaska Pharmacists Association (AkPhA)
203 W. 15th Ave. #100
Anchorage, AK 99501
Ph# (907) 563-8880
FAX (907) 563-7880
www.alaskapharmacy.org

Pharm School	Tuition In-state	Out of State	Difference
University of Arizona	$ 15,944.00	$ 30,496.00	$ 14,552.00
U of California San Diego	$ 15,192.00	$ 23,356.00	$ 8,164.00
U of Calif. San Francisco	$ 26,060.00	$ 38,305.00	$ 12,245.00
U of Montana	$ 10,692.00	$ 24,024.00	$ 13,332.00
Oregon State U	$ 11,334.00	$ 17,341.00	$ 6,007.00
N. Dakota State U	$ 11,718.00	$ 28,618.00	$ 16,900.00
U of Washington	$ 14,754.00	$ 28,663.00	$ 13,909.00
Washington State U	$ 16,930.00	$ 32,148.00	$ 15,218.00
U of Wyoming	$ 11,316.00	$ 23,069.00	$ 11,753.00
Midwestern U Glendale	$ 36,004.00	private	
	WICHE	Average Difference	$ 12,453.33

2008 Tuition- includes 9 of the 17 WICHE schools of pharmacy

WICHE

A Closer Look at Healthcare Workforce Needs in the West

Pharmacy

Western Interstate Commission for Higher Education • www.wiche.edu/sep

Pharmacy Workforce Needs

National Trends

Pharmacy, with more than 230,000 practitioners today, is the third-largest health profession in the United States after nurses (2.4 million) and physicians (830,000).

Projected Shortages and Causes

Research on the national pharmacist workforce points to a continuing shortage of pharmacists, related to growth in medication use, the aging of the baby boomer generation, and the emergence of more clinical activities within pharmacies. Surveys that track shortage levels showed that there was a slow downward trend in the severity of shortages up until fall 2005, followed by higher shortage levels during the past year. Changes in shortage levels appear to parallel growth in prescription medication usage.

Expanding Career Options

Increasing numbers of pharmacists are working in nontraditional positions. For example, career options have emerged with medication-use programs within managed care organizations and health plans; Medicare's adoption of a prescription drug benefit; Medicaid programs' prescription-drug benefit; and any healthcare provision that includes a formulary for medications and outcomes analysis for medication use.

Within traditional pharmacy practice, clinical activities have expanded, with the universal adoption of the doctor of pharmacy (PharmD) degree as the entry-level educational requirement for pharmacy practice. The growth of postgraduate pharmacy residencies has also had an effect. The PharmD degree includes additional biomedical and clinical training that enables pharmacists to assume more clinical and management responsibilities. Younger pharmacists are trained in providing educational and monitoring services for chronic diseases, administering immunizations, and offering medication management services for Medicare patients.

In institutions pharmacists are being added to transplant units, critical-care units, emergency departments, oncology services, and other areas where intensive medication-therapy management is enhanced by pharmacy expertise. To fill these roles, pharmacists require advanced training, which is generally acquired through formal postgraduate professional education in pharmacy residencies.

The number of accredited pharmacy residencies nationally has expanded from about 1,000 annually 10 years ago to over 1,500 annually; and specialized residencies (a second year with a focus in a specific area, such as critical care) have increased concomitantly. The Board of Pharmaceutical Specialties (BPS) offers certification examinations in five practice areas, and board-certified pharmacists are increasing in each of these areas: pharmacotherapy (3,191), oncology (557), nutrition (348), psychiatric pharmacy (463), and nuclear pharmacy (495) (*www.bpsweb.org*).

Factors Driving Workforce Demand

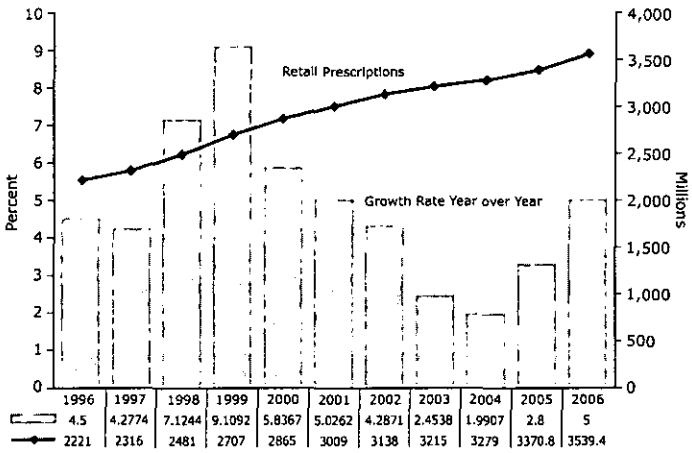
Growing Part-time and Female Workforce

The Bureau of Health Professions' pharmacist supply model estimates that 3,911 pharmacists will retire in 2007. This number will gradually increase to 4,562 in 2020. Recent studies have shown that since 2000, pharmacists are remaining in the workforce longer, and more are working part-time. Retiring pharmacists are predominantly male; this is significant because male pharmacists have traditionally worked more than female pharmacists.

The increasing female pharmacist workforce is an important supply issue because women pharmacists have consistently worked fewer hours than their male counterparts. Recent surveys show women pharmacists working 0.81 FTE on average, compared to male pharmacists at 0.91 FTE (*Mott et al., National Pharmacist Workforce Data, 2004*). The current pharmacy-student population is about two-thirds female. Supply models estimate that part-time participation will reduce the workforce "headcount" by about 15 percent (*Knapp and Cultice, 2007, in press*).

Recent Increases in Prescription Volume

The demand for pharmacists is closely tied to the number of retail prescriptions (*Walton et al., 2004*). Prescription volume continues to grow each year, but the growth rate has varied greatly in the last 10 years, as shown in the table below. The growth rate hit its highest level in 1999 and fell steadily to about two percent in 2004. Growth increased again in 2005 and 2006.



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Growth Rate	4.5	4.2774	7.1244	9.1092	5.8367	5.0262	4.2871	2.4538	1.9907	2.8	5
Retail Prescriptions	2221	2316	2481	2707	2865	3009	3138	3215	3279	3370.8	3539.4

Source: Knapp and Cultice, "New Pharmacist Supply Projections: Lower Separation Rates and Increased Graduates Boost Supply Estimates." *Journal of the American Pharmacist Association*, 2007, in press.

Beyond Prescriptions

When we think of pharmacists, dispensing medications comes to mind. However, their expanded role now includes many other tasks, like managing medication therapy related to Medicare Part D. Many immunization programs are now administered through community pharmacies. Pharmacists are also active in chronic disease medication-management programs and elsewhere, as noted above.

Aging Baby Boomers

Counterbalancing the increased supply of pharmacists is the aging baby boomer generation, which will increase the

demand for pharmacy services. For example, people under 65 annually consume 10.1 prescriptions on average, while those 65 years and over consume 23.5 prescriptions on average *(Agency for Healthcare Research and Quality (AHRQ), derived from Medical Expenditure Panel Survey Data, 1997-2000)*. The oldest baby boomers have not yet reached 65 years, where medication consumption increases significantly.

Filling the Gaps: Technicians

There are approximately 250,000 certified pharmacist technicians in the United States. These allied health professionals play an important role in increasing productivity in pharmacies. A 2004 state-level study showed that technicians generally complement pharmacists rather than substitute for them; there are more technicians where there are more pharmacists.

Growth of the Biotech Industries

The number of pharmacists working in drug development is relatively small. Pharmacists sometimes play roles in clinical trials, but not often. The principal relationship between the biotech industry and the pharmacist workforce is that pharmacists are clinically involved in the use of expensive and potentially dangerous biotech drugs in hospitals and elsewhere. Oral dosage forms of biotech drugs, such as oral oncology medications and transplant maintenance medications, are now readily available. The biotech industry acknowledges the significant role that community pharmacies and pharmacists play in helping patients use these medications effectively.

Technology's Effects on Pharmacy Demand

Pharmacists play a significant role in medication error reduction. New technologies such as electronic prescription generation and transmission increase pharmacist productivity and reduce medication errors. Generally, where technology is introduced on a large scale — for example, in the Veterans Affairs system and in Kaiser Permanente — pharmacists have been redeployed to clinical roles in chronic disease clinics, where their activities have been shown to be cost effective.

Regional Occupational Outlook for Pharmacists in the WICHE States

Region	Population 2005	ADI* Feb. 2007
United States	**296,410,404**	**4.13**
WICHE States	**69,703,732**	**4.34**
Alaska	663,661	4.00
Arizona	5,939,292	4.17
California	36,132,147	4.60
Colorado	4,665,177	3.71
Hawaii	1,275,194	4.00
Idaho	1,429,096	4.40
Montana	935,670	4.00
Nevada	2,414,807	4.25
New Mexico	1,928,384	3.83
North Dakota	636,677	3.67
Oregon	3,641,056	4.29
South Dakota	775,933	4.00
Utah	2,469,585	4.50
Washington	6,287,759	4.00
Wyoming	509,294	3.33

*Aggregate Demand Index (ADI)

Demand for Pharmacists in the West

The preceding table presents Aggregate Demand Index (ADI) data for WICHE states as compared to national averages. The ADI is a monthly, national survey of the unmet demand for pharmacists by the Pharmacy Manpower Project Inc. The survey is conducted by having panelists, selected by their direct involvement in hiring pharmacists, submit monthly ratings for each state where they hire pharmacists, based on this five-point scale:

- **5** = High demand; difficult to fill open positions.
- **4** = Moderate demand; some difficulty filling open positions.
- **3** = Demand is in balance with supply.
- **2** = Demand is less than the pharmacist supply available.
- **1** = Demand is much less than the pharmacist supply available.

Ratings are aggregated, and a population-weighted average is determined for the month; they are also available at the regional, divisional, and state levels.

Demand data show that the Western region consistently has the highest level of unmet pharmacist demand. At the division level, the Pacific division has frequently had the highest ADI ratings, while the Mountain division has generally been closer to national averages. These findings are consistent across several national surveys and support attention to producing more pharmacists in the West just to meet current population demands.

For the future, baby boomers retiring in the next three decades are likely to move to Western states in disproportionate numbers. This trend will likely increase the population of many Western states beyond national averages for growth and will increase the need for pharmacists and other health care professionals. Most Western schools of pharmacy have high percentages of in-state students already (see the table on p. 4) so expansion and stimulating in-migration of pharmacists from other states are important options for increasing the workforce.

Expansion of Pharmacy Education

In the last decade new pharmacy programs, expansion of existing programs, and development of distance-learning campuses have increased the number of pharmacy seats across the nation. The Accreditation Council for Pharmacy Education reports that the expansion of existing programs is generating even more new pharmacists than new schools and colleges are (*Knapp and Cultice, 2007, paper in press*).

Part of the educational expansion effort results from the recognition that pharmacists in rural areas will be retiring in the next 10 to 15 years without a significant prospect of their being replaced.

During the early 2000s, a plan to include pharmacy students in the National Health Service Corps to assist in loan repayment was introduced but not funded. A difficulty in implementing pharmacy programs for medically underserved areas is that there are no measures of pharmacist service levels, like those that exist for medicine and dentistry.

Schools in Western states that have large rural areas generally have very high percentages of in-state students who are more likely to remain in their home state to practice. Expansion of programs in these states and establishing new campuses in rural areas are strategies that several states have adopted to maintain pharmacy services in rural areas.

Five new pharmacy schools have opened in the West in just the last four years. Three of them graduated their first classes in 2006: the University of Southern Nevada, a private institution, now fully accredited; Loma Linda University School of Pharmacy; a private institution that is not yet fully accredited but holds candidate status; and the University of California, San Diego, a public institution that also holds candidate status.

Two new programs in the West are scheduled to receive full accreditation by fall 2009. Touro University's College of Pharmacy (California campus) admitted its first class in fall 2005 and is a traditional four-year program. Pacific University's School of Pharmacy (Oregon) admitted its first class in fall 2006 for its three-year intensive program.

Two pharmacy schools are in the planning phase: the University of Hawaii Hilo's College of Pharmacy plans to admit its first class in fall 2007. The University of Nevada Reno and the University of Nevada Las Vegas have planned a pharmacy school as part of Nevada's proposed health sciences center. Unfortunately, approval of state funding for the initiative has proved illusive over the past few legislative sessions.

There is a strong interest in the field of pharmacy, and there has been a steady increase in the number of applications over the past five years. According to the American Association of Colleges of Pharmacy, the applications to pharmacy schools increased 53.9 percent to 72,799 in 2003-04 from 47,306 in 2002-03. Nationally, schools of pharmacy reported receiving 7.4 applications per entering student in fall 2005, a slight increase from 7.0 from the previous year. Graduates are courted before they have their diplomas in hand, with starting salaries in the $80,000 range.

The chart below shows that an estimated 7,080 students will graduate with a PharmD in 2007; schools located in WICHE states will graduate 26 percent of the nation's PharmD students (1,817) in the same year. There are 92 schools of pharmacy in the U.S.; 23 of them are located in the Western states. The higher graduation numbers in 2007 are due to new schools and program expansion. The nation saw a 39 percent increase in the number of graduates from 1999 to 2007; during the same period, the WICHE states saw a 48 increase.

WICHE's Professional Student Exchange Program (PSEP) allows students from states that do not have a public school of pharmacy to pay reduced tuition to a cooperating institution in the West. Sending states determine the number of new students to be supported each year. In 2006-07, 40 students from Alaska, Hawaii, and Nevada attended 16 cooperating pharmacy schools.

For more information, visit *www.wiche.edu/sep/psep.*

WICHE thanks Katherine K. Knapp, dean of Touro University – California's College of Pharmacy, for her assistance in writing this workforce brief.

Projected Increase in Pharmacy Graduates: 1999 and 2007

State	Population 2005	Pharmacy Graduates 1999	Estimated Pharmacy Graduates 2007	No. of Pharmacy Schools 2007	Annual Average No. of Graduates per 1,000,000: 1990-1999	Percent of Pharmacy Enrollment from In-State Applicants 1998
United States	**296,410,404**	**7,080**	**9,857**	**92**	**28**	**80**
WICHE States	**69,226,623**	**1,225**	**1,817**	**23**		
Alaska*	663,661	0	0	0	0	N/A
Arizona	5,939,292	53	211	2	11	64
California	36,132,147	480	674	7	14	96
Colorado	4,188,068	113	123	1	28	84
Hawaii*	1,275,194	0	0	1	0	N/A
Idaho	1,429,096	53	56	1	39	65
Montana	935,670	43	59	1	51	88
Nevada*	2,414,807	0	123	1	0	N/A
New Mexico	1,928,384	98	88	1	40	83
North Dakota	636,677	62	81	1	87	55
Oregon	3,641,056	98	80	2	32	93
South Dakota	775,933	47	56	1	69	69
Utah	2,469,585	44	45	1	23	96
Washington	6,287,759	134	175	2	21	78
Wyoming	509,294	0	46	1	67	61

Note: Alaska and Hawaii do not have schools of pharmacy. Hawaii plans to open a public school of pharmacy in fall 2007. A private school of pharmacy in Nevada just graduated its first class in 2006.
Source: American Association of Colleges of Pharmacy.

Alaska Pharmacists Association

January 25, 2010

RE: HB235
Loan Forgiveness – Professional Student Exchange Program

Dear Members of the House Education Committee:

"The Mission of the Alaska Pharmacists Association is to preserve, promote and lead the profession of pharmacy in Alaska."

With alarming and rising vacancy rates, Alaska is posed for a crisis without intervention. Alaska is one of only six states without a state-sponsored support-for-service program such as a loan repayment and incentive program and loan forgiveness for pharmacists and is losing ground. Alaska is also the only WICHE state without a School of Pharmacy. As a result, the competition for recruitment of pharmacists is very difficult. *National Trend: Pharmacy, with more than 230,000 practitioners today, is the third-largest health profession in the U.S. after nurses (2.4 million) and physicians (830,000).

Based on statistics provided by Laura Miller, PhD, Senior Economist with the National Association of Chain Drug Stores, the national average of community pharmacists per 10,000 people is 5.36. For Alaska, the figure is 3.35. To get to the national average, Alaska would need an additional 137 pharmacists. The average number of people per community retail pharmacy is about 5,300 nationally, and in Alaska it is 8,900. Even if you add in the 15 Indian Health Service (IHS) pharmacies, Alaska's pharmacies average about 7,500 people, much higher than the national average.

Respectfully,

Nancy O. Davis
Executive Director

*WICHE "A Closer Look at Healthcare Workforce Needs in the West: Pharmacy"
www.wiche.edu/sep
NOTE: Report attached for reference

E-mail: akphrmcy@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880

Louie Flora

From: Rep. Paul Seaton
Sent: Thursday, January 28, 2010 8:28 AM
To: Louie Flora
Subject: FW: HB309

From: david logan [mailto:drdave@acsalaska.net]
Sent: Thursday, January 21, 2010 8:41 AM
To: Rep. Wes Keller; Rep. Bob Buch; Rep. Bryce Edgmon; Rep. Peggy Wilson; Rep. Berta Gardner; Rep. Cathy Munoz; Rep. Paul Seaton
Subject: HB309

The Alaska Dental Society urges the members of the House Education committee to pass HB235 out of committee on Friday, January 22nd.

HB235 will establish new funding and program guidelines for Alaska's participation in the Western Interstate Commission on Higher Education (WICHE). This bill provides funding under the WICHE program for a partial tuition incentive for Alaskan residents to attend health care education programs not offered in Alaska: dentistry, pharmacy, and optometry. The program would provide support in the form of a low interest loan that would be partially forgiven if the graduate returns to Alaska and an additional amount would be forgiven if the graduate practices in an underserved area or provides a percentage of care under the Medicaid system.

HB235 provides important benefits:

- Encourages Alaskan residents to pursue careers in health professions
- Provides an opportunity to attend health professional schools in fields not offered in the University of Alaska system
- Provides incentives to return to Alaska
- Provides additional incentives to practice in an underserved area or see Medicaid patients
- Will help alleviate shortage of health care professionals in Alaska
- Returning Alaskan practioners are likely to remain in Alaska for their practicing careers
- Participants who choose not to return to Alaska would repay the program with interest

Alaska has long faced a shortage of health care providers in rural areas. A rapidly graying workforce and lack of providers to replace retiring practioners is quickly leading to a shortage in non-rural areas. The problem has become especially acute in Southeast. Petersburg has lost one of its two dentists, Wrangell has lost both of its private dentists and Ketchikan has lost one of its five private dentists. All sought replacement dentists for several years but ultimately were forced to retire without a dentist to take over their practices. This problem is not isolated to Southeast, however, it is merely riding the crest of the wave.

The cost to attend professional school has rapidly escalated resulting in heavy loan repayment burdens for graduating professionals. This forces new graduates to choose practice location based economic choices. 44 states have one or more incentive programs for health professionals – Alaska is one of 6 states without a program. Encouraging Alaskan residents to seek careers in health care fields will pay several dividends. Returning Alaskan residents are more likely to remain in Alaska for their practicing careers providing a stable source of health care providers. In a troubled economy health care fields provide stable, well paying jobs and health care providers will employ additional people providing an economic boost for communities. Smaller

communities without adequate health care professionals will continue to see population drift to larger communities and out of the state due to real and perceived inadequacies.

David Logan
Legislative Chair, Alaska Dental Society
723-2884

To Members of the House Education Committee regarding HB 235: During the 70's I was on the Dental Board and the WICHE program was in place for Students in Dental School. It was later discontinued for students seeking higher education in the Dental field. Alaska students will currently pay $400,000 to $500,000 dollars for their education to finish Dental School. This higher cost for education due to non-residency tuitions will cause many students to seek residency elsewhere and perhaps not return to Alaska. The WICHE program is a good deal for the State of Alaska and will ensure we have enough dentists practicing in Alaska in the future, especially with it's for forgiveness clause for part of the loans if they practice for five years after graduating. Sincerely, Don E. Burk DMD

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Alaska Statutes.
Title 14. Education, Libraries, and Museums
Chapter 43. Financial Aid Programs For Postsecondary Students
Section 510. Repayment Condition For Medical Education Program Participants.

previous: Section 500. Definitions. [Repealed, Sec. 31 Ch. 63 SLA 2004].
next: Section 600. Findings and Intent.

AS 14.43.510. Repayment Condition For Medical Education Program Participants.

(a) Except as provided under (b) and (c) of this section, as a condition of participating in a medical education program under AS 14.42.030 (d), a program participant shall agree to either return to the state and actively engage in professional medical practice or repay financial support provided by the state on behalf of the program participant. The financial support to be repaid is equal 50 percent of the amount paid for each program participant by the state to the contracting postsecondary institution, plus interest. The rate of interest is equal to the 12th Federal Reserve District discount rate in effect on March 1 of the year in which the financial support is provided plus two percentage points. Interest imposed under this subsection begins to accrue when the person terminates studies under the medical education program. Accrued interest shall be added to the principal balance of the repayment obligation at the time the borrower is obligated to commence repayment and at the end of a deferment period.

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

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

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

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

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

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

(A) one year employment, 20 percent;

(B) two years employment, an additional 20 percent;

(C) three years employment, an additional 20 percent;

(D) four years employment, an additional 20 percent;

(E) five years employment, an additional 20 percent.

(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 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.

(d) If a person meets the qualifying conditions under this section for forgiveness after beginning repayment, the repayment requirement is deferred in the month following qualification for forgiveness. Repayment shall be deferred as long as the person remains qualified or until the balance of the repayment obligation has been fully forgiven. If the person is delinquent or in default on the person's regular repayment schedule, repayment shall continue until the person is current in payments. A period of time during which the person is making past due payments may not be considered as a qualifying period for the purpose of calculating forgiveness benefits.

(e) For purposes of qualifying for forgiveness under this section, a person must be a full-time employee for a period of at least six months in order to qualify for a prorated forgiveness benefit. In this subsection, "full-time employee" does not include seasonal or temporary employment.

(f) A person's obligation to repay under this section ends if the person dies and is deferred during any period in which a physician certifies that the person is totally disabled.

(g) This section does not apply to loans received by a person under AS 14.43.010 - 14.43.160 or 14.43.710 - 14.43.750.

(h) The commission may adopt regulations to implement this section. Except as provided in this section, regulations adopted under this subsection may not exempt or defer a repayment required under this section.

(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.

Article 10. TEACHER EDUCATION LOAN PROGRAM

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Note to HTML Version:

This version of the Alaska Statutes is current through December, 2007. The Alaska Statutes were automatically converted to HTML from a plain text format. Every effort has been made to ensure their accuracy, but this can not be guaranteed. *If it is critical that the precise terms of the Alaska Statutes be known, it is recommended that more formal sources be consulted.* For statutes adopted after the effective date of these statutes, see, Alaska State Legislature If any errors are found, please e-mail Touch N' Go systems at E-mail. We hope you find this information useful.

This page has been updated: 01/05/2009 15:56:37

26-LS0913\R
Mischel
1/8/10

CS FOR HOUSE BILL NO. 235( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVE MUÑOZ

A BILL

FOR AN ACT ENTITLED

"An Act relating to professional student exchange program availability and conditions for loan forgiveness."

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

*** Section 1.** AS 14.44.025 is amended by adding a new subsection to read:

(b) Notwithstanding the funding priorities established under (a) of this section, the Alaska Commission on Postsecondary Education shall provide adequate funding for not fewer than five students to attend four-year programs in each of the following fields:

(1) dentistry;

(2) optometry; and

(3) pharmacy.

*** Sec. 2.** AS 14.44.035 is amended to read:

Sec. 14.44.035. Administration. The Alaska Commission on Postsecondary Education shall administer the state's participation in the Western Regional Higher

1 Education Compact. The Alaska Commission on Postsecondary Education may adopt
2 regulations to implement **AS 14.44.010 - 14.44.041** [AS 14.44.010 - 14.44.040].
3 * **Sec. 3.** AS 14.44.040(a) is amended to read:
4 (a) As a condition of eligibility for receiving financial support from the state
5 under the Professional Student Exchange Program of the Western Interstate
6 Commission **for** [ON] Higher Education, a program participant shall agree to repay to
7 the state the support provided by the state on behalf of that person**. Except as**
8 **otherwise provided in this chapter, the terms of loan repayment must be**
9 **consistent with the terms provided under AS 14.43.510** [, PLUS INTEREST].
10 * **Sec. 4.** AS 14.44 is amended by adding a new section to article 1 to read:
11 **Sec. 14.44.041. Loan forgiveness for program participants.** (a) The Alaska
12 Commission on Postsecondary Education shall annually, for not more than five years,
13 forgive five percent of the outstanding principal on a loan made under the Professional
14 Student Exchange Program of the Western Interstate Commission for Higher
15 Education if the participant
16 (1) is a resident of the state;
17 (2) practices in the state in a field of study listed in AS 14.44.025(b)
18 for not less than 750 hours during the year; and
19 (3) maintains the participant's license in good standing in the state.
20 (b) In addition to other loan forgiveness benefits available to a participant, the
21 Alaska Commission on Postsecondary Education shall annually, for not more than five
22 years, forgive 10 percent of the outstanding principal on a loan made under the
23 Professional Student Exchange Program of the Western Interstate Commission for
24 Higher Education if the participant
25 (1) is a resident of the state;
26 (2) is in a practice that serves an underserved population
27 (A) in a geographical area the commissioner of health and
28 social services has designated as underserved; or
29 (B) by serving patients who are covered under the medical
30 assistance program in the state, if billings for services provided to those
31 patients are not less than five percent of the participant's average gross billings

1 for the year; and

2 (3) maintains the participant's professional license in good standing in

3 the state.

4 (c) A participant may receive aggregate loan forgiveness benefits in an

5 amount that is not more than 50 percent of the original principal on a loan made under

6 the Professional Student Exchange Program of the Western Interstate Commission for

7 Higher Education.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM January 12, 2010

SUBJECT: WICHE loan forgiveness (CSHB 235( ))
(Work Order No. 26-LS0913\R)

TO: Representative Cathy Muñoz
Attn: Kendra Kloster

FROM: Jean M. Mischel
Legislative Counsel

You have requested a sectional summary of the above-described bill.

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. Adds a subsection that requires the Alaska Commission on Postsecondary Education to provide funding for no fewer than five students in each of three areas of a four year program in dentistry, optometry, and pharmacy under the existing Professional Student Exchange Program of the Western Interstate Commission on Higher Education (WICHE) loan program.

Section 2. Adds a cross-reference to section 4 (sec. 3 in the A version) of the bill for loan forgiveness in the existing administration section for WICHE loans.

Section 3. Amends repayment provision for WICHE loans by cross-referencing current law that provides for repayment terms and conditions for medical school loans provided by the state. This is a modification of version A that established an annual five percent interest rate and limiting accrual of interest to program completion period.

Section 4. Adds two types of loan forgiveness for WICHE loans: (1) a five year five percent loan forgiveness option for state residents who practice here in the areas of dentistry, optometry, and pharmacy; and (2) a five year ten percent loan forgiveness option for professionals practicing in geographically underserved areas or by providing a minimum amount in gross billings under medical assistance coverage in the state. The percentage for type (2) forgiveness was doubled from five to 10 percent from version A. In addition, version R adds a cumulative maximum of fifty percent forgiveness of the original loan principal.

JMM:ljw
10-011.ljw

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
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FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM January 13, 2010

SUBJECT: WICHE loan forgiveness (HB 235)
(Work Order No. 26-LS0913\A)

TO: Representative Cathy Muñoz
Attn: Kendra Kloster

FROM: Jean M. Mischel
Legislative Counsel

You have requested a sectional summary of the above-described bill.

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. Adds a subsection that requires the Alaska Commission on Postsecondary Education to provide funding for no fewer than five students in each of three areas of a four year program in dentistry, optometry, and pharmacy under the existing Professional Student Exchange Program of the Western Interstate Commission on Higher Education (WICHE) loan program.

Section 2. Amends repayment provision for WICHE loans by establishing an annual five percent interest rate and limiting accrual of interest to program completion period.

Section 3. Adds two types of loan forgiveness for WICHE loans: (1) a five year five percent loan forgiveness option for state residents who practice here in the areas of dentistry, optometry, and pharmacy; and (2) a five year five percent loan forgiveness option for professionals practicing in geographically underserved areas or by providing a minimum amount in gross billings under medical assistance coverage in the state.

JMM:plm
10-013.plm

Alaska Pharmacists Association

January 11, 2010

RE: Support of SB174/HB235- Professional Student Exchange Program

Pharmacists improve patient care. Chronic diseases cost the health care system about 75 cents on every health care dollar spent. Inappropriate use of medications leads to adverse events, costing the health care system $177 billion each year. Trained clinically, with expertise in medication use, pharmacists can and do ensure patients properly utilize their medications, improving health care outcomes, reducing overall health care costs. Every person has a right to have access to pharmacists and pharmacist provided care.

Because the health care workforce shortage in Alaska is reducing health care access for our state's residents, putting Alaskans in jeopardy, the Alaska Pharmacists Association strongly supports the concept of a state-sponsored loan repayment and incentive program to allow Alaska to compete with the lower 48 in recruitment of pharmacists from a limited and shrinking national pool.

The shortage will continue with the aging of the population and the increase in medication use needed as more state residents decide to retire in Alaska. Alaska is the only state currently without a School of Pharmacy and one of 5 states without loan repayment program. These are all factors contributing to the difficulty in recruiting and retaining pharmacists, including our own residents to relocate to Alaska.

The Alaska Pharmacists Association (AkPhA) supports SB174 and its companion HB235 that would provide funding for loan forgiveness in professional programs currently not offered at the University of Alaska. Alaska students wishing to pursue a post graduate program in dentistry, optometry and pharmacy must attend an out of state school incurring higher tuition and loan debt. SB174 would provide incentives for Alaska residents to return to Alaska upon completion of the above post graduate programs with a service commitment in the state. Alaska continues to have a cycle of a shortage of pharmacists with a 25% vacancy rate in 2007.

Amber L. Briggs, Pharm.D., President

E-mail: akphrmcy@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880

Alaska Dental Society, Inc.
9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
info@akdental.org

The Honorable Paul Seaton, Chairman
House Education Committee
State Capitol Rm. 102
Juneau, AK 99801

Dear Rep. Seaton and Committee Members:

On behalf of the members of the Alaska Dental Society I'm writing to urge passage of HB235 by your committee.

HB235 and its companion bill SB 174 will establish new funding and program guidelines for Alaska's participation in the Western Interstate Commission on Higher Education (WICHE). This bill will provide funding under the WICHE program for a partial tuition incentive for Alaskan residents to attend healthcare education programs not offered in Alaska: dentistry, pharmacy and optometry. The program would provide support in the form of a low interest loan that would be partially forgiven if the graduate returns to Alaska and an additional amount would be forgiven if the graduate practices in an underserved area or provides a percentage of care under the Medicaid system.

Alaska has long faced a shortage of healthcare providers in rural areas. A rapidly graying workforce and lack of providers to replace retiring practioners is quickly leading to a shortage in non-rural areas. The problem has become especially acute in Southeast. Petersburg has lost one of its two dentists, Wrangell has lost both of its private dentists and Ketchikan has lost one of its five private dentists. All sought replacement dentists for several years but ultimately were forced to retire without a dentist to take over their practices. This problem is not isolated to Southeast, however, it is merely riding the crest of the wave.

The cost to attend professional school has rapidly escalated resulting in heavy loan repayment burdens for graduating professionals. This forces new graduates to choose practice location based economic choices. In 44-four states there are one or more incentive programs for health professionals – Alaska is one of 6 states without a program. Encouraging Alaskan residents to seek careers in healthcare fields will pay several dividends. Returning Alaskan residents are more likely to remain in Alaska for their practicing careers providing a stable source of healthcare providers. In a troubled economy healthcare fields provide stable, well paying jobs and healthcare providers will employ additional people providing an economic boost for communities. Smaller communities without adequate healthcare professionals will continue to see population drift to larger communities and out of the state due to real and perceived inadequacies.

Respectfully yours

Gary A. Moeller, DDS
President, Alaska Dental Society

Alaska State House of Representatives

Interim:

Phone: (907)
Fax: (907)

Session:
State Capitol, Room 409
Juneau, AK 99801-1182
Phone: (907) 465-3744
Fax: (907) 465-2273

Sponsor Statement from:

Representative Cathy Munoz

R - District 4

RELEASED: January 19, 2010 **CONTACT**: Rep. Cathy Munoz 465-3744

HB235 - Prof Student Exchange Loan Forgiveness

"An Act relating to professional student exchange program availability and conditions for loan forgiveness."

Status: PREFILE RELEASED >> (H) EDC : 2009-04-16

Through the Western Interstate Commission for Higher Education (WICHE), Alaska residents will be able to attend professional health care programs in dentistry, optometry and pharmacy which are not offered in the State of Alaska. HB 235 establishes a student loan forgiveness program entitlement of 25 percent forgiveness for participants who meet the following criteria: Alaska residency with intent to practice and maintain their license in the State of Alaska. An additional 25 percent loan forgiveness will be offered to participants who, in addition to previous criteria, practice in an underserved area or serve patients who are covered under the medical assistance program.

The WICHE program will resemble the WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) program which has been successful as a collaborative partnership between the University of Washington School of Medicine and the five northwestern states. The purpose of WWAMI is to provide publicly supported medical education to residents of this five state region, and train physicians who will return to practice in their home states.

Alaska communities continually face a decreasing number of health care providers and are seeing an increased trend in the number of retirees in certain professions. This is becoming an increasing concern as the number of underserved areas continue to grow and residents in many communities have to travel out of their communities in order to receive care.

Enticing health care providers to Alaska has been an ongoing challenge. Although our university system is constantly improving and adding more educational opportunities, we still lack many needed medical programs. House Bill 235 creates an incentive for the health care professions of dentistry, optometry, and pharmacy by offering a loan forgiveness program for practicing in Alaska.

# # #

House Majority Press: http://housemajority.org/spon.php?id=26hb235-241

Plan to improve service oversight, quality and access. CMS and the department are now finalizing the plan, which could take months.

The division met another high-priority benchmark when it completed all overdue re-assessments possible by Oct. 15, 2009. In some special cases, evaluations are still pending.

Assessors have also completed more than a third of Personal Care Assistance new applicant assessments and current recipient re-assessments.

"Senior and Disabilities Services staff members worked long hours to make this happen, in cooperation with applicants, care coordinators and providers who met with employees early, late and on weekends," Health and Social Services Commissioner Bill Hogan said. "I congratulate and thank them for their efforts on behalf of the Alaskans we serve and their families."

For more information and a video interview with Senior and Disabilities Services Director Rebecca Hilgendorf on the CMS review, see *http://hss.state.ak.us/dsds/cmsreview.*

and Systems Development, a section of the Division of Health Care Services.

Background

In remote frontier areas of the nation, and of Alaska, weather and distance can prevent patients with severe injury

Road Medical Center in Glennallen, and the Inter-Island Medical Center in Friday Harbor, Wash.

Questions about the FESC should be directed to Patricia Carr at (907) 465-8618, or click on *http://www.hss.state.ak.us/dhcs/healthplanning/FESC/default.htm.*

New loan repayment program hopes to attract health-care professionals to Alaska

A new student-loan repayment grant program for health-care professionals who serve in Alaska was announced in September.

"The overall number of care providers in Alaska is slowly growing, but many Alaskans are still not getting the care they need," Health and Social Services Commissioner Bill Hogan said. "It's time we joined other states that offer providers this incentive to work and stay in communities where Alaskans face financial, cultural or geographic barriers to care." In 2006, the Physicians Supply Task Force identified loan repayment and direct incentive as two key recruitment tools, which Alaska lacked.

The federal program has been in existence since 1987, but Alaska has not been part of the program up till now due to organizational considerations and lack of non-federal matching funds.

Those eligible for the program include medical and osteopathic doctors who are family practitioners, internists, pediatricians or obstetrician-gynecologists; nurse practitioners; physician assistants; dentists; registered clinical dental hygienists; psychiatrists; clinical or counseling psychologists; clinical social workers; psychiatric nurse specialists; mental health counselors; licensed professional counselors; and marriage and family therapists.

The $1.2 million loan program — $600,000 from Alaska health-care organizations and $600,000 from the federal Health Resources and Services Administration — will pay up to $35,000 a year toward student loans for physicians and dentists and $20,000 per year for other eligible providers. They must work full time for at least two years for an organization federally recognized as serving an area or population with a health-care shortage.

DHSS partners and their contributions to the fund include the Alaska Mental Health Trust Authority ($400,000); Anchorage Neighborhood Health Center ($35,000); Interior Community Health Center ($55,000); and Kodiak Community Health Center ($110,000).

The department's Section of Health Planning and Systems Development will manage and oversee daily operations of the program.

DHSS will begin accepting applications in December 2009. The program will have an Interagency Advisory Council and plans to place 23 practitioners during 2010. For details on the Alaska State Loan Repayment Program, contact Robert Sewell, Program Director, at (907) 465 4065, *robert.sewell@alaska.gov*, or visit *http://hss.state.ak.us/dhCS/healthplanning/primarycare/loans/aslrp.htm.*

Munoz HB 235

STATE OF ALASKA

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

SEAN PARNELL, GOVERNOR

PO BOX 110505
JUNEAU, ALASKA 99811-0505
VOICE (800) 441-2962
In Juneau (907) 465-6740
TDD (907) 465-3143
FAX (907) 465-3293

February 4, 2010

The Honorable Paul Seaton
Chair, Education Committee
Alaska House of Representatives
State Capitol, Room 102
Juneau, Alaska 99801

Subject: CSHB 235 - An Act relating to the professional student exchange program...

Dear Representative Seaton:

At the February 1, 2010 committee meeting you posed two questions which required some additional analysis on my part to provide a response.

First you asked what, if any, impact would there be for borrowers of education loans if both CSHB 235 and CSHB 58(EDC) were to be enacted. As you know, CSHB 235 proposes to provide forgiveness benefits of up to a 50% discharge of the loan principal to certain borrowers in the Professional Student Exchange Program (PSEP).

CSHB 58(EDC) provides for repayment benefits to a much broader category of education loan borrowers, and is specifically described as an employee recruitment program. In that legislation, the Commissioners of Administration and Labor and Workforce Development are empowered to jointly identify professional fields and occupations for which there are worker shortages in Alaska. New employees in Alaska (subsequent to the date of enactment) serving in relevant positions and who have outstanding education loan debt could apply for repayment benefits in accordance with either of the two benefit schedules included in the bill. One schedule provides for full repayment of outstanding loans over four years in non-rural areas, and the other provides for full repayment over six years for employment in rural areas.

The bill does indicate that loans which are otherwise eligible for repayment benefits under another program are *not* eligible for benefits under CSHB 58(EDC). The net result, in my opinion, is that the PSEP borrowers would be eligible to apply for benefits under the other program only on *other* education loans they may have, or on their PSEP loan *after* they had exhausted their forgiveness benefits under the PSEP loan contract.

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The other issue you raised was whether, under the current bill language, ACPE would be unable to make non-forgivable loans to applicants in the three referenced fields in the event the Legislature failed to provide the funding for the loans. In fact, that would be problematic without some explicit provision to do so. Please find enclosed a copy of the advice I requested from the Department of Law on this matter.

I hope this information is responsive to your inquiry. Do not hesitate to contact me if there is other information I can provide.

Sincerely,

Diane Barrans
Executive Director

Enclosure

MEMORANDUM

State of Alaska
Department of Law

TO: Diane Barrans, Executive Director
Alaska Commission on
Postsecondary Education

DATE: February 2, 2010

FILE NO.: AN2009103894

FROM: Mary Ellen Beardsley MEB
Assistant Attorney General
Commercial/Fair Business Section
Anchorage AGO

TEL. NO.: 269-5213

SUBJECT: HB 235

You have asked me to look at HB 235 (and the draft CS for this bill) to determine what impact it will have on the Alaska Commission on Postsecondary Education (ACPE). I have reviewed the draft CS and the statutes being amended by this legislation.

AS 14.44.025 currently requires ACPE to establish funding priorities for the Professional Student Exchange Program (PSEP) that is administered by WICHE for certain fields of study. Participants in PSEP are required to repay the State the support provided to them under PSEP and the money repaid by the participants is placed in the education loan fund created under AS 14.42.210. There is currently no forgiveness provision in AS 14.44.040(a)

HB 235 proposes to establish a forgiveness provision in PSEP. HB 235 would require ACPE to forgive up to 50% of the total PSEP loan amount should the participant fulfill the requirements set out in AS 14.44.041. The language of HB 235 is mandatory and does not allow ACPE to issue PSEP loans without the loan forgiveness benefit. There is a funding concern as it relates to this mandatory language. There needs to be an ability on the part of ACPE to issue PSEP loans to participants without the loan forgiveness benefit in the event the legislature does not provide funding for loans containing the forgiveness benefit. Without this ability, ACPE might be required to exclude these fields from the PSEP in the years in which there is no funding since there would be no provision for offering PSEP loans that have no forgiveness benefit.

If I can be of further assistance please let me know.

MEB/