

SB

18

SENATE COMMITTEE REPORT

First Committee of Referral

DATE: 1/21/09

FURTHER: Finance

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 3/13/09

Education Committee considered SENATE BILL NO. 18

SB 18 POSTSECONDARY MEDICAL & OTHER EDUC. PROG.

"An Act increasing the number of students pursuing a medical education who are provided postsecondary educational services and programs; and providing for an effective date."

and recommends:

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

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

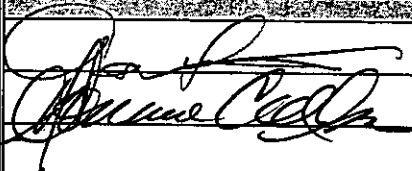
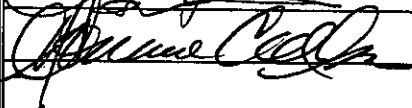
NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
UA	2/24/09			✓	
ACPE	2/23/09	✓			

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS	PRINTED LASTNAME	DO PASS	DO NOT PASS	NO/REC	AMEND
	STEVE JOHNSON			<input checked="" type="checkbox"/>	
	ANNE COLLINS		✓		
CHAIR: <u>Betty Davis</u>	DAVIS	✓			

ALASKA STATE LEGISLATURE

Co-chair, Joint Armed Services
Committee

•
Co-chair, Resources Committee

•
Vice chair, Judiciary Committee

•
World Trade Committee



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SENATOR BILL WIELECHOWSKI

Sponsor Statement: Senate Bill 18

The intent of Senate Bill 18 is to help ensure that Alaska has an adequate supply of doctors to meet the health care needs of its citizens. It would expand the number of Alaskan students able to receive medical training through the WWAMI program each year from 20 to 24. This is the maximum number that the University of Alaska can accommodate within its existing facilities and with its current faculty. Expansion of this program over time to train 30 Alaskan students annually is one of the primary recommendations of the Alaska Physician Supply Task Force.

This task force was established to address the severe shortage of doctors in Alaska. In its 2006 report, the task force found that Alaska has 375 fewer doctors than needed and the 17th lowest physician-to-population ratio in the nation. This shortage is undermining Alaskans' access to health care and increasing costs throughout the state. Seniors are having particular difficulty finding primary care physicians, causing many to forego treatment or face dangerously long wait times. Internal medicine specialists and psychiatrists are in especially short supply as are doctors of all types in rural Alaska.

This shortage is expected to worsen as Alaska's population increases and ages. The task force reported that over the next 20 years, nearly twice as many practicing physicians will be needed – about 1,100 more than the current 1,347 in patient care – to meet demand as the state's senior population triples. To complicate matters, one-third of our existing physicians are expected to retire in the next 10-15 years.

Additionally, Alaska is far behind other states in the production of doctors. Alaska is one of six states without an independent in-state medical school. The state's primary vehicle for training doctors is the regional WWAMI program. In 2007, the legislature expanded the number of Alaska-funded seats in the program from 10 to 20. This bill continues the incremental expansion of the program as it has been shown to be an effective means of recruiting doctors to the state. Fifty percent of Alaskans who enter WWAMI end up practicing in Alaska. The percentage increases to 80% when graduates from other WWAMI states are counted as returned.

As the national supply of physicians shrinks, recruitment of doctors to Alaska will become ever more competitive. Expanding the number of Alaskans trained through WWAMI is one effective step the state can take to ensure that all Alaskans have access to needed health care.

26-LS0139AS
Mischel
2/25/09

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

BY

Offered:
Referred:

Sponsor(s): SENATORS WIELECHOWSKI, Thomas, Ellis, Paskvan

A BILL

FOR AN ACT ENTITLED

1 **"An Act increasing the number of students pursuing a medical education who are**
2 **provided postsecondary educational services and programs; and providing for an**
3 **effective date."**

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

5 *** Section 1. AS 14.42.033 is amended to read:**

6 **Sec. 14.42.033. Agreements for medical education.** The commission shall
7 enter into agreements with government or postsecondary education officials of this
8 state or other states to provide postsecondary educational services and programs to
9 Alaska residents pursuing a medical education degree sufficient to accommodate 24
10 [AT LEAST 20] new program participants each year. An agreement with another state
11 must be limited to services and programs that are unavailable in Alaska. The
12 commission shall require a person participating in a medical education program
13 offered under this section to agree to the repayment condition imposed under
14 AS 14.43.510.

1

* **Sec. 2.** This Act takes effect July 1, 2010.

Differences between SB 18 and CS for SB 18 ()

The original version of SB 18 called for two incremental increases in the number of state-sponsored WWAMI seats. The first increment of four seats would take place in 2010. The second increment would take place two years later, in 2012, when the University's new Health Sciences building is completed. At the request of the University, we have deleted this second increment to give them more time to plan for the increase and ensure that it is workable for all parties involved.

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: SB018
() Publish Date: _____

Identifier (file name): SB018-UA-Anch-2-23-09
Title: _____
Dept. Affected: University of Alaska
RDU: University of Alaska Anchorage
Component: Anchorage Campus
Sponsor: Senator(s) Wielechowski, Thomas, Ellis, Paskvan
Requester: Education Component Number: 753

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING		0.0	0.0	0.0	0.0	0.0	0.0	0.0

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

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts		0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL		0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2009) cost: 0.0

POSITIONS

Full-time	0.0							
Part-time								
Temporary								

ANALYSIS: (Attach a separate page if necessary)

SB18 will not require any additional general fund support.

Prepared by: Michelle Rizk
Division: University of Alaska
Approved by: Michelle Rizk
University of Alaska

Phone 907-450-8187
Date/Time 02/24/2009 10:47AM
Date 2/24/2009

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB18
 () Publish Date: _____

Identifier (file name): SB018-EED-ACPE-02-23-09
 Title: An Act increasing the number of students pursuing a medical education who are provided postsecondary...
 Sponsor: Senator Wielechowski
 Requester: (S)Education
 Dept. Affected: Education
 RDU: ACPE
 Component: Program Administration and Operations
 Component Number: 2738

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual					210.3	424.3	876.9	1,216.6
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING		0.0	0.0	0.0	210.3	424.3	876.9	1,216.6

CAPITAL EXPENDITURES								
-----------------------------	--	--	--	--	--	--	--	--

CHANGE IN REVENUES ()								
-------------------------------	--	--	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

	FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	
1002 Federal Receipts								
1003 GF Match								
1004 GF				210.3	424.3	876.9	1,216.6	
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other Interagency Receipts								
TOTAL		0.0	0.0	0.0	210.3	424.3	876.9	1,216.6

Estimate of any current year (FY2009) cost: _____

POSITIONS

	FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

SB18 proposes to facilitate the expansion of the annual class size of Alaskan participants in the Washington, Wyoming, Montana, Idaho, and Alaska regional medical education program at the University of Washington School of Medicine (UWSM). Using cost projections provided by UWSM, this fiscal note reflects additional general fund expenses assuming the annual class size is increased from 20 to 24 participants effective 2011 and from 24 to 30 effective 2013 with the first twenty-four-student cohort entering the program in fall 2010 and the first thirty-student cohort entering the program in fall 2012. The first year of the program is conducted at the University of Alaska Anchorage, and, therefore, first year fiscal impacts are not reflected herein. The increased costs in the ACPE budget take affect when the first class of 24 begin their second year of training at UWSM.

Prepared by: Diane Barrans, Executive Director
 Division: Alaska Commission on Postsecondary Education
 Approved by: Diane Barrans, Executive Director
Alaska Commission on Postsecondary Education

Phone 465-6740
 Date/Time 2/23/09 9:00 AM
 Date 2/23/2009

WWAMI is Alaska's Medical School!



**UNIVERSITY of ALASKA
ANCHORAGE**

WWAMI is a collaborative medical school among universities in five northwestern states (Washington, Wyoming, Alaska, Montana, and Idaho) and the University of Washington School of Medicine.

The Alaska WWAMI Program began at the University of Alaska Fairbanks (as WAMI) in 1971. The program moved to the University of Alaska Anchorage in 1989. Historically, ten Alaska residents were admitted to the Alaska WWAMI program each year. However, through the combined efforts of the Alaska WWAMI Program, the University of Alaska, and the Alaska legislature, the Alaska WWAMI class size has been doubled.

The Alaska WWAMI Program now admits 20 students per year!

Students apply to the University of Washington School of Medicine; upon admission, Alaska's WWAMI students complete their first year of medical school at the University of Alaska Anchorage. The first year of training includes courses in basic sciences and an introduction to clinical medicine.

Students from all five WWAMI states attend second-year courses at the University of Washington School of Medicine in Seattle. The third and fourth years of the medical school curriculum are comprised of "clerkships"--rotations in the various medical specialty areas. These clerkships may be taken in any of the five WWAMI states. Students who choose the "Alaska Track" can take nearly all of these clerkships in Alaska.

Alaskans can now complete approximately 3 of the 4 years of medical school in Alaska!

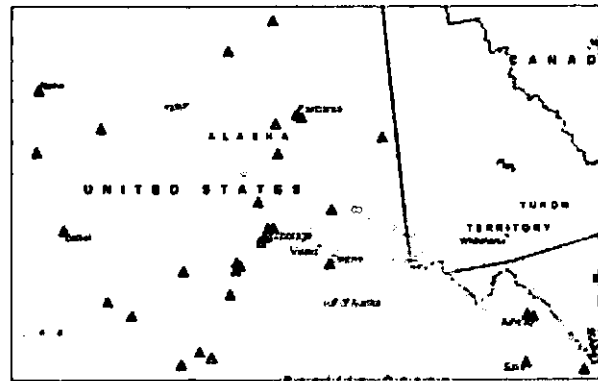
Alaska WWAMI Payback Obligation

The education of all Alaska WWAMI medical students is subsidized by the State of Alaska via payments to the University of Washington School of Medicine. The State of Alaska views these subsidies as loans that are repayable once medical education is complete. Loan repayment can be deferred during residency training. Repayment can take two forms. The loan can simply be repaid in regular payments, or it can be forgiven by medical practice in the State of Alaska. For Alaska WWAMI medical students who entered medical school in the fall of 2007 or later, complete loan forgiveness requires three (3) years of medical practice in a rural setting in Alaska or five (5) years in an urban location in the state.

HISTORY OF ALASKA WWAMI

Alaska was the first state to partner with the University of Washington School of Medicine in the collaborative medical school known as WWAMI. Classes began at the University of Alaska Fairbanks in 1971. Classes in Montana and Idaho were started in 1972. Wyoming became a partner, adding the second "W" to the acronym, in 1996. The purpose of WWAMI is to provide publicly funded medical education to residents of this five-state region, and to train physicians who will return to practice in their home states.

Alaska's WWAMI Program has historically provided a very good return on the state's investment. On average, for every ten medical school seats funded by the State of Alaska, eight WWAMI-trained physicians have entered practice in the State. Alaska WWAMI has admitted students from virtually all parts of the state; slightly more than half of these students have been female.



92 FEMALE

78 MALE

Geographical distribution of home towns (red triangles) and gender distribution (bar at bottom) of Alaska WWAMI students from 1989 through 2005.

Development of Alaska WWAMI

The first Alaska "WAMI" class in 1971 consisted of five Alaskan students and four students from Washington. They completed the first quarter of their medical education at UAF, and the remainder was completed at the University of Washington School of Medicine in Seattle.

Alaska WWAMI relocated from the University of Alaska Fairbanks to the University of Alaska Anchorage in 1989, where it currently resides. Through the years, Alaska WWAMI evolved to provide nearly three of the four years of medical school education in the State. Alaska's WWAMI students complete their first year of medical school in Alaska. Students from all five WWAMI states take second-year classes in Seattle. The third and fourth years are comprised of clinical clerkship rotations in the various medical specialty areas, each four to six weeks in length. These clerkships may be taken in any of the five WWAMI states. The Alaska Track provides Alaska WWAMI students with the ability to complete nearly all third- and fourth-year clerkships in Alaska.

WWAMI Overview and Frequently Asked Questions (FAQs):

WWAMI Overview

WWAMI provides Alaska residents with high quality medical education. WWAMI is a collaboration among universities in five northwestern states (Washington, Wyoming, Alaska, Montana and Idaho) under the overarching administration of the University of Washington School of Medicine (UWSOM). After admission, Alaska students attend the University of Alaska Anchorage for the 1st year of medical school. Students attend the 2nd – 4th years of medical school at UWSOM with 3rd and 4th years including opportunities for training rotations throughout the region.

Each year 20 Alaskans are admitted to Alaska WWAMI. Alaska's WWAMI medical students take their first-year courses at the University of Alaska Anchorage. Students from all WWAMI states take second-year courses in Seattle. The series of clinical clerkships that comprise the third and fourth years of the curriculum may be taken in any of the five WWAMI states. The "Alaska Track" allows students the option to take nearly all of these clerkships in Alaska.

The Alaska Commission on Postsecondary Education (ACPE) is the fiscal agent for the State of Alaska which funds Alaska's WWAMI participation and is the servicer for the WWAMI loan obligation.

WWAMI FAQs

Who should Alaskans contact if they are interested in information about the WWAMI program?

The Director of the WWAMI program at the University of Alaska Anchorage can be contacted at 3211 Providence Drive Engr 331, Anchorage, AK 99508. The e-mail address is aywwami@uaa.alaska.edu and the phone number is (907)786-4789.

How are new participants selected for participation in the WWAMI program?

Each year the Alaska WWAMI and the UWSOM Admissions Committees work together to interview and select 20 Alaskans for the program. The Alaska WWAMI office at UAA certifies an applicant's eligibility for the program based on responses to an Eligibility Questionnaire. Once an Alaska applicant is admitted, ACPE is prompted to send the individual the WWAMI service obligation Master Promissory Note (MPN) and a related cover letter. Individuals who accept the offers of admission must sign the MPN and return it to ACPE by July 30, prior to beginning their program of study.

What is the annual WWAMI repayment obligation based upon?

During the first year of medical school at University of Alaska Anchorage, the principal balance of the loan will be zero. However, by signing the WWAMI Master Promissory Note, each participant has entered into a loan contract and will have a loan repayment obligation for their second, third, and fourth years of medical school at UWSOM. In accordance with state statute governing the WWAMI program, the financial support to be repaid is equal to 50 percent of the amount the State pays to UWSOM, on behalf of the participant, plus interest.

How is Alaska's payment disbursed to UWSOM?

ACPE annually issues a single warrant to UWSOM to cover the entire amount the State pays for Alaska's contractual costs for the program. An annual Notification of Award letter is sent to each participant advising them of the amount of their financial obligation for the related program year.

How does the service obligation discharge a WWAMI participant's financial obligation?

The participant who successfully completes the graduate education program for which the financial support was provided and is employed within Alaska in a qualifying medical residency program or other qualifying professional medical practice and who is otherwise qualified shall have the outstanding principal¹ and accrued interest forgiven and considered a grant in accordance with the following percentages:

- (1) for employment in rural² areas of the state,
 - (a) up to three years of employment, 33 1/3 percent for each year;

¹ No amount due and payable prior to the participant entering deferment or forgiveness-qualifying employment is subject to forgiveness.

² "Rural" is defined in Alaska law as 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.

- (2) for employment in areas of the state that do not qualify under the program definition as rural,
 (a) up to five years of employment, 20 percent for each year.

Participants employed as physicians in the state must immediately notify ACPE of the date their qualifying employment began. ACPE will make available to the participant the necessary forms for documenting completion of each annual period of documenting employment until such time as the obligation is fully discharged.

What are the impacts on my forgiveness benefits if I move from a rural to a non-rural community while performing my qualifying service, or vice versa?

Participants who initially practice medicine in a rural community will receive their first forgiveness of 33 and 1/3 percent of the loan after their first year of practice. If the participant should then choose to move to a non-rural community and practice medicine, he or she will then receive forgiveness benefits of 20 percent of the remaining loan amount for each year they practice medicine until the balance of the loan is forgiven. The same is true for a participant who practices medicine in a non-rural community and receives forgiveness of 20 percent of the loan and then moves to a rural community to practice medicine. The subsequent forgiveness will be for 33 and 1/3 percent of the remaining loan balance until the loan balance is forgiven.

Forgiveness Benefit	Forgiveness % for all rural practice	Forgiveness % for 2 years of rural practice	Forgiveness % for 1 year of rural practice	Forgiveness % for all non-rural practice
1	33 1/3%	33 1/3%	33 1/3%	20 %
2	66 2/3%	66 2/3%	53 1/3%	40%
3	100%	86 2/3%	73 1/3%	60%
4		100%	93 1/3%	80%
5			100%	100%

Are participants required to make payments while engaged in employment which satisfies their WWAMI service obligation?

Generally not. It is critical for a participant to immediately advise ACPE of qualifying employment. Once ACPE is in receipt of documentation the participant is in full-time, qualifying employment in Alaska, the repayment requirement will be deferred. The deferment continues until either the entire period of service is completed or the participant ends the full-time employment or leaves the state, whichever occurs first. However, if a participant enters otherwise qualifying employment after the start of repayment and has past due payments, that participant must pay the loan obligation current **before the employment will be considered part of the qualifying period.** Additionally, those payments made prior to entering into qualifying repayment will not be subject to forgiveness.

Who is required to repay a WWAMI loan?

Any participant who fails to fully satisfy the terms of their service obligation is required to repay their outstanding WWAMI financial obligation plus accrued interest. The obligation converts to a regular loan status at the time the participant fails to qualify for a permitted deferment and the active repayment period begins. In the event a participant is in active repayment for a period of time and thereafter enters qualifying employment, any amount of the loan obligation which was not yet due and payable may be deferred and subsequently be subject to forgiveness in the increments noted above.

Will ACPE facilitate payment arrangements for participants in a contractual arrangement with a third-party organization for payment of their WWAMI loan?

ACPE cannot facilitate payment arrangements or otherwise bill a third party but will accept payment on behalf of the borrower from any source.

What repayment deferment provisions are available to WWAMI participants?

In addition to the qualifying employment deferment, WWAMI participants are eligible for deferment:

- ◆ while enrolled in a medical education residency program or fellowship required for their specialty field of practice;
- ◆ while performing a service obligation to the National Health Services Corps, the Indian Health Service, or a Uniformed Services Scholarship Program; or,
- ◆ while totally, temporarily disabled.

What if a WWAMI participant is in a medical education residency program in Alaska?

WWAMI participants in an Alaska medical education residency program can claim that period of service as qualifying under their WWAMI obligation so long as they hold an Alaska medical license or residency permit and have proof of full-time employment for the relevant period.

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Anchorage Daily News

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Doctor shortage**No easy solution, but these steps should help in the long run***(Published: October 8, 2006)**(Peter Dunlap-Shohl)*

The report from the Alaska Physician Supply Task Force is blunt: "Alaska has a shortage of physicians. ... The shortage is very likely to worsen over the next 20 years as the state's population increases and ages."

It would take another 375 doctors -- a 28 percent increase, right now -- to deliver Alaskans the same level of care as in the Lower 48. In rural Alaska, doctors are already scarce; one in six positions goes unfilled.

While the shortage is not yet a crisis, according to the task force, it does leave patients scrambling to find doctors and drives up recruitment costs for hospitals and health centers.

Alaska's doctor shortage was a long time developing, and it will take a long time to fix. There is no instant solution. Simply raising pay rates for doctors, as a free-market economist might suggest, won't work. Alaskans already spend about 40 percent more on medical care than Lower 48 residents, and there is still a doctor shortage.

To fix it, we don't have to wait for global warming to turn Alaska into a more hospitable destination for doctors. We don't have to invest tens of millions of dollars to start a medical school here (although the task force suggested that would be a wonderful idea). Some relatively modest, practical steps should eventually help, according to the task force.

Alaskans are guaranteed 10 slots a year at the University of Washington's highly acclaimed medical school through a tuition-reduction arrangement known as WWAMI. Students have an incentive to set up shop in Alaska when they graduate; otherwise they have to pay back their tuition savings.

The report says Alaska should find the funding needed to add 20 slots to the WWAMI program. Since the medical students spend their first year doing course work here at the University of Alaska Anchorage, UAA would need some more money as well to handle them.

Students who don't enter the highly competitive WWAMI program should be able to get state loans to cover the high cost of medical school. To encourage them to return to Alaska, the state could forgive a portion for each year the new doctors practice in Alaska.

Another way to attract doctors is to expand on-the-job training slots in Alaska for third- and fourth-year medical students. Alaska hospitals offer training in some medical specialties, which helps encourage doctors to settle here. States typically help hospitals underwrite these medical training slots; Alaska should see how it can most cost-effectively invest in this area.

If there were a huge pool of doctors nationwide, Alaska would have an easier time of it. But there's a squeeze across the country, in part because years ago medical schools thought they saw a doctor glut coming and capped the production of new physicians. At the same time, other changes helped make medicine less attractive as a career -- the long, demanding hours, combined with constant

pressure to control costs and administrative hassles from private insurers, HMOs and government.

So Alaska will have a tough time getting all the physicians we need in the coming years. If state leaders will follow the task force's recommendations, though, the job will be more manageable.

BOTTOM LINE: There's hope for dealing with Alaska's doctor shortage, but progress won't be quick.

Who's up, who's down

Down - Sarah Palin camp: Hey, who's runnin' the Belle of Wasilla's campaign? Those GOP "issues" ads are stealin' the spotlight.

Down - Tony Knowles camp: Twice and would-be future gov's team makes ads hot issue. They'll be gone soon. Then what?

Down - Republican Governors Association ads: Oh, they don't tell anybody how to vote, oh no. You folks are lame. You have no shame. Stay out of the game.

Neutral - Andrew Halcro: Talks straight. Takes heat. Has honesty, intelligence, decency. Even has a running mate. Hasn't got a chance.

Down - SAD Alaskans: October light is short. Our mascot is Eeyore.

Up - PFD Alaskans: Hey, \$1,106.96 is better than light therapy. Smile, Pooh.

Up - Weed warriors: Begone, purple loosestrife! Keep Alaska's streams safe for fish and fireweed. No heyday for the May Day! Long live black spruce!

Up - Heating fuel donors: Villages say no to Citgo and Chavez; fishing companies and others fill gap. Which leads us to ...

Down - Oil companies: Exxon, BP, Conoco Phillips: You knew Bush Alaskans were over a barrel. So where were you? Counting those record profits?

Down - Pacific salmon farms: Just as we thought -- lousy with sea lice, infecting their betters. Real salmon can't be farmed, Jack. Spawn wild, swim free.

Up - Flag football players: No scholarships in it? Too bad, but the gals love the game and they're playin' for keeps.

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Anchorage Daily News

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Congressional field hearing explores doctor shortage in Alaska

By RACHEL D'ORO, Associated Press Writer

(Published: February 20, 2007)

ANCHORAGE, Alaska (AP) - Alaska's ongoing shortage of primary care physicians will worsen without drastic measures, doctors and other experts said Tuesday at a congressional field hearing to explore a dilemma spreading in rural areas of an aging nation.

In Alaska, the problem is most acute in rural areas and for Medicare patients increasingly rejected because of severe cuts in reimbursement rates, according to testimony at the half-day hearing. Speakers also noted a trend of young doctors, saddled by exorbitant school debts, being lured by specialty practices that are more lucrative than primary care fields.

Most of the state's 670,000 residents live in areas connected by roads, but scores of residents in outlying communities must travel for some health care services, said Karleen Jackson, commissioner of the state Health and Social Services Department.

"The shortage of physicians in Alaska - particularly in our rural and frontier areas - must be addressed within the contest of our larger health care system challenges," Jackson said.

Alaska, with no medical university and little in-state training opportunities for new doctors, is among the most challenged in access to health care, said Ross Tanner, president-elect of the Alaska State Medical Association.

The state currently faces a 30 percent doctor shortage, and has only one residency program to train no more than a dozen students. Additionally, recruitment costs are as high as \$200,000 to attract a single doctor.

"The current physician work force environment in Alaska is in crisis," Tanner said. "This is particularly true when taken in the context that Alaska needs to recruit physicians from other parts of the country at a time when a nationwide shortage of physicians is projected to be from 80,000 to 200,000 - truly alarming numbers."

Compounding the problem, the expected shortage coincides with an aging population. In two decades one out of five Americans will be at least 65 years old, said U.S. Sen. Lisa Murkowski, R-Alaska, who coordinated the hearing. Alaska is not only among states grappling with a lack of doctors, it also has one of the fastest growing elder populations in the nation.

That has illuminated another festering problem: low Medicare reimbursements.

"Recent federal reductions in Alaskan Medicare reimbursement rates have been so severe that physicians report reimbursement rates are only 40 percent of the actual cost of treating patients," Murkowski said. "Losing money by accepting Medicare patients has meant that many, many physicians have stopped accepting Medicare patients entirely. My office hears from seniors who call physician after physician, but can't find a doctor who will accept them."

Wayne Westberg, a 68-year-old Anchorage resident, said he is still working full time as a drilling contractor. But through no choice of his own, Medicare has replaced his regular insurance for primary medical coverage - if he could find a doctor to take him as a patient.

"Virtually, nobody is taking any new Medicare patients," he said during a public comment session. "It's a bureaucratic hassle trying to collect for Medicare."

Murkowski recently reintroduced legislation she said attempts to offer some solutions to the rural divide of health care.

The proposed Rural Physicians Relief Act would give doctors a \$1,000 tax credit for each month they provide primary health care in designated rural parts of the country. Doctors with a high percentage of patients from so-called frontier areas also would be eligible for the incentive.

"We recognize it's just one aspect of a fix," Murkowski said after the hearing.

Among other possible solutions suggested by speakers Tuesday: Reform the Medicare payment system to realistically reflect physician costs, create programs to help students deal with medical school debts and lift caps on government funded residency positions.

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February 26, 2009

The Honorable Kim Elton, Chair
Senate Education Committee
Alaska State Capitol, Room 506
Juneau, AK 99801-1182

RE: SB 18 (Wielechowski)--Support

Dear Chair Elton:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the Senate Education Committee to support SB 18, authored by Senator Bill Wielechowski and co-sponsored by Senators Ellis, Thomas, and Paskvan.

It is no secret that Alaska has a shortage of physicians which is expected to get worse over the next few years. AARP members in many Alaska communities already tell us that they are unable to find a physician who will accept them as Medicare beneficiaries.

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

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

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

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

SB 18 offers us another real meaningful opportunity to begin to meet this need. Adding another four family practice residents to twenty-four won't solve our problem but it is an excellent step to address our long term needs for an expanded physician workforce.

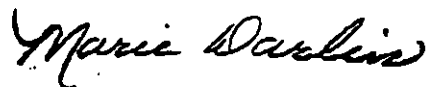
Our AARP members, your constituents, want to stay here after retirement. An affirmative vote on SB 18 will help accomplish that.

AARP requests an "AYE" vote on SB 18.

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

Thank you for your consideration.

Sincerely,



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

CC: Vice-Chair Bettye Davis
Senator Charlie Huggins
Senator Donald Olson
Senator Gary Stevens
Senator Bill Wielechowski

Alaska State Medical Association

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

February 24, 2009

Honorable Kim Elton
Alaska State Senate
Chair, Senate Education committee
Capitol Room 506
Juneau, Alaska

RE: SB 18 – Increase WWAMI Class Size

Dear Senator Elton:

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

ASMA supports SB 18 and urges you and the Senate Education Committee to support it as well.

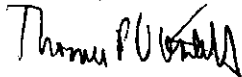
ASMA has long supported increasing the WWAMI class size and worked hard several years ago to double the matriculants from 10 to 20 per year. In fact, ASMA has had a policy to increase the class size to 30 when it is practicable to do so.

It is ASMA's understanding that a sponsor substitute will be offered to only include the first step to increasing the class size to 24 (from 20). ASMA has been told by the bill sponsor's, Senator Wielechowski, staff that the University of Alaska will be more comfortable to increase the class size in steps. ASMA understands and appreciates the many considerations that the University as well as the University of Washington Medical School need to factor in so that a quality medical education is provided. They are the ones best suited to comment on those factors.

ASMA supports the "step" process with first going to a 24 member class size. However, ASMA still supports going to 30 when it is practicable and feasible to do so.

Finally, "growing" our own physicians, we believe, will help in attracting and retaining physicians to practice in Alaska. However, we are still going to have to make a concerted effort to recruit physicians from other parts of the country to meet with Alaska's need for well trained physicians to provide the health care necessary for all Alaskans.

Sincerely,



By: Thomas P. Vasileff, MD, President
For: The Alaska State Medical Association

cc: Senate Education Committee members: Senator Bettye Davis
 Senator Charlie Huggins
 Senator Donny Olson, MD
 Senator Gary Stevens

cc: Senator Bill Wielechowski



ALASKA REGIONAL AFFAIRS
ALASKA WWAMI PROGRAM
SCHOOL OF MEDICINE
UNIVERSITY OF WASHINGTON

March 2, 2009

Suzanne Tryck
Director
Alaska Regional Affairs
Alaska WWAMI Program

Senator Kim Elton
Chair, Senate Health Education and Social Services Committee
Alaska State Legislature
State Capitol Building, Room 506
Juneau, Alaska 99801-1182

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RE: SB 18

Dear Senator Elton:

During the Senate Education Committee meeting on Friday, February 27, 2009, you requested a position from the University of Washington School of Medicine side of the Alaska WWAMI partnership on whether we support a provision requiring Alaska WWAMI graduates to have a certain percentage of the patient panel be Medicare/Medicaid patients.

We take no position on that provision, as it is a state of Alaska public policy issue. Instead, we look to our University of Alaska WWAMI partner to make any statement for or against that requirement.

The discussion during the committee hearing covered many medical education topics. I did want to follow up on that discussion. Each year, we look for ways to expand the experiences that students can have in Alaska. This year we started a 5-month training experience (WRITE- WWAMI Rural Integrated Training Experience) in Juneau. We have in the works elective clerkships in Radiology, Chronic Care Pain Management, Dermatology and Otolaryngology. We hope to have students in them by September. Also, in September our new required Family Medicine site in Nome will start taking students. We look forward to continuing this process and to maintaining a strong and healthy WWAMI partnership in Alaska.

Thank you for considering SB 18; please let me know if I can be of further assistance.

Best regards,

Harborview
Medical Center

Suzanne Tryck
Director, Alaska WWAMI Regional Programs
University of Washington School of Medicine
310 K Street, Ste 200
Anchorage, AK 99501

University of Washington
Medical Center

University of Washington
School of Medicine

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES

SARAH PALIN, GOVERNOR

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Alaska Commission on Aging

March 2, 2009

The Honorable Kim Elton, Chair
 Senate Education Committee
 Alaska State Capitol, Room 506
 Juneau, AK 99801-1182

Subject: Support for SB 18

Dear Chair Elton:

The Alaska Commission on Aging (ACoA) encourages support of SB 18, a bill to increase Alaska's participation in the WWAMI Medical School program. WWAMI is a unique five-state collaborative program that presently allows 20 Alaskan medical students to enroll. SB 18 would increase the number of slots from 20 to 24 students on July 1, 2010, and to 30 students on July 1, 2012. This bill is authored by Senator Bill Wielechowski and co-sponsored by Senators Ellis, Thomas, and Paskvan.

Alaska, as with the rest of the nation, is experiencing a shortage of health care workers, particularly with doctors and nurses. For many doctors in our state, retirement is just around the corner and replacing those experienced medical providers with newly trained doctors is a priority for all Alaskans, and a critical need for people 65 years and older. Older Alaskans from many Alaskan communities have reported their inability to find a physician who will accept them as Medicare beneficiaries.

The Alaska Physician Supply Task Force Report states that Alaska will need nearly twice as many physicians in the next twenty years as it currently has if the state is to meet the expected demands from a growing population of seniors. Similarly, the demand for registered nurses is increasing during a period when many health care professionals are retiring. The pool of qualified medical providers continues to shrink as the demand for services increases.

Alaska now has the highest rate of growth of persons 65 and older in the nation, according to the 2007 report by the U.S. Administration on Aging. This increase growth rate is due to the fact that more Alaska seniors are now choosing to remain in state following retirement, close to their families and friends, made possible by improved health care and home and community based services. As a result, Alaska's economy benefits through seniors' contribution of approximately \$1.6 billion of revenue to the state each year from their retirement pensions, other income, as well as medical payments in addition to their volunteering, caregiving, and mentoring to younger generations. If older Alaskans are unable to find a physician willing to serve them, they may be forced to leave the state in search of access to health care professionals.


The Alaska Commission on Aging supported Senator Meyer's bill in 2007 to increase the number of WWAMI slots from ten to twenty. SB 18 offers another meaningful opportunity to increase the number of slots for medical students and for our state to prepare for the health care demands of our growing senior population. WWAMI, which is ranked first in primary care medical schools nationwide and seventh in geriatrics, not only allows medical students to pay in-state tuition, but also provides an incentive for those completing medical school to return to Alaska to practice medicine.

ACoA supports SB 18 to improve primary health care access for all Alaskans, including Alaska seniors. Please feel free to contact Denise Daniello, ACoA's executive director (465-4879), should you have any questions regarding our position. Thank you for your support of this important legislation.

Sincerely,


 Sharon Howerton-Clark
 Chair, Alaska Commission on Aging

Sincerely,


 Denise Daniello
 ACoA Executive Director

CC: Senator Bettye Davis, Vice Chair Senator Donald Olson Senator Bill Wielechowski
 Senator Gary Stevens Senator Charlie Huggins