

SB

88

<TARGET><BILL>SB 88</BILL><SUBJECT>SB
88</SUBJECT><COMM>SFIN28</COMM></TARGET>

SENATE FINANCE COMMITTEE REPORT First Committee of Referral

DATE: 3/27/13

FURTHER:

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

DATE TURNED
IN TO OFFICE: _____

Finance Committee considered SENATE BILL NO. 88

SB 88-ALASKA NATIVE MEDICAL CENTER HOUSING

"An Act authorizing the state bond committee to issue certificates of participation to finance the construction and equipping of residential housing to serve the Anchorage campus of the Alaska Native Medical Center; and authorizing the Department of Administration to enter into a lease-purchase agreement for the benefit of the Alaska Native Tribal Health Consortium."

and recommends:

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

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
CRT	MVA
EED	DNR
DEC	DPS
DFG	REV
GOV	DOT
DHS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
ADM	✓			
DHS	✓			
REV	✓			

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	Hoffman	✓			
	Bishop	✓			
	FAIRCLOUGH				✓
	DUNNE				✓
CO-CHAIR:	Kelly	✓			
CO-CHAIR:	Meyer	✓			

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: SB 88
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB088-DOA-DAS-4-2-13
Title: ALASKA NATIVE MEDICAL CENTER HOUSING
Sponsor: FINANCE
Requester: Senate Finance

Department: Department of Administration
Appropriation: Centralized Administrative Services
Allocation: Administrative Services
OMB Component Number: 46

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates					
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues								
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 35,000.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

Why this fiscal note differs from previous version:

Not applicable, initial version

Prepared By: Cheryl Lowenstein, Director	Phone: (907)465-5655
Division: Administrative Services	Date: 04/02/2013 09:00 AM
Approved By: Curtis Thayer, Deputy Commissioner	Date: 04/02/13
Department of Administration	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. SB088

Analysis

The bill authorizes sale of \$35 million in certificates of participation (COP) and is subject to appropriation obligation of the State of Alaska. The funds will finance construction of a residential housing facility to serve the Anchorage campus of the Alaska Native Medical Center and is the intent that the project be designed, constructed, operated, and maintained by the Alaska Native Tribal Health Consortium.

An annual debt service on the \$35 million is estimated at \$2.8 million for principal and interest using a 15 year assumption and an interest rate assumption of 2.3%. The estimated total lease payment for the full term of the lease-purchase agreement is estimated at \$42 million.

An annual appropriation in the language section of the operating bill will be made to the debt service fund.

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: SB 88
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB088-DHSS-HCMS-4-1-13
Title: ALASKA NATIVE MEDICAL CENTER HOUSING
Sponsor: FINANCE
Requester: Senate Finance Committee

Department: Department of Health and Social Services
Appropriation: Medicaid Services
Allocation: Health Care Medicaid Services
OMB Component Number: 2077

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates					
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Fund Source (Operating Only)

1002 Fed Rcpts			3,849.8	3,849.8	3,849.8	3,849.8	3,849.8
1003 G/F Match			(3,849.8)	(3,849.8)	(3,849.8)	(3,849.8)	(3,849.8)
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Positions

Full-time							
Part-time							
Temporary							

Change In Revenues							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

Prepared By: Margaret Brodie, Director
Division: Health Care Services
Approved By: Sarah Woods, Deputy Director
Finance & Management Services

Phone: (907)334-2520
Date: 04/01/2013 05:00 PM
Date: 04/01/13

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. SB088

Analysis

This bill would authorize the State to issue certificates of participation (COP) to finance a lodging facility at the Alaska Native Medical Center (ANMC). This housing would be used to support the expansion of services at ANMC as outlined in the Alaska Native Tribal Health Consortium (ANTHC) Business Plan, dated March 27, 2013.

The Department has identified eight components of the ANTHC Business Plan that appear to be directly related to the proposed expansion of residential lodging that could result in the shift of care from non-tribal facilities to tribal facilities. These components are Maternal Child Health, Ophthalmology, ENT, Physical Therapy, General Surgery, Urology, increased Inpatient Day capacity, and Pre-natal Outpatient Medical Services. Under federal Medicaid rules, non-tribal health providers are reimbursed at 50% federal funds for services provided to Indian Health Services beneficiaries while tribal providers are reimbursed at 100% federal funds. By shifting services from non-tribal providers to ANMC, the total cost of services would remain the same, but the federal fund expenditures would increase and general fund expenditure would decrease.

Based on the Business Plan, the Department estimates that federal fund expenditures would increase by \$3,849.8 and general fund match would decrease by \$3,849.8. The Department estimates this change in expenditure source would begin in FY2015.

Fiscal Note

State of Alaska
2013 Legislative Session

Bill Version: SB 88
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB088-DOR-TRS-04-01-13
Title: ALASKA NATIVE MEDICAL CENTER HOUSING
Sponsor: FINANCE
Requester: (S) FIN

Department: Department of Revenue
Appropriation: Taxation and Treasury
Allocation: Treasury Division
OMB Component Number: 121

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2014 Appropriation Requested	Included in Governor's FY2014 Request	Out-Year Cost Estimates					
			FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
OPERATING EXPENDITURES								
Personal Services								
Travel	15.0							
Services	400.0							
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous	350.0		2,791.6	2,792.5	2,793.7	2,795.7	2,793.9	
Total Operating	765.0	0.0	2,791.6	2,792.5	2,793.7	2,795.7	2,793.9	

Fund Source (Operating Only)

1004 Gen Fund	350.0		2,791.6	2,792.5	2,793.7	2,795.7	2,793.9
1163 COP	415.0						
Total	765.0	0.0	2,791.6	2,792.5	2,793.7	2,795.7	2,793.9

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues							
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Estimated SUPPLEMENTAL (FY2013) cost: 0.0

Estimated CAPITAL (FY2014) cost: 0.0

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Initial note.

Prepared By: <u>Deven Mitchell, Debt Manager</u>	Phone: <u>(907)465-3750</u>
Division: <u>Alaska Municipal Bond Bank Authority</u>	Date: <u>04/01/2013 03:00 PM</u>
Approved By: <u>Angela Rodell, Deputy Commissioner</u>	Date: <u>04/01/13</u>
<u>Department of Revenue</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2013 LEGISLATIVE SESSION

BILL NO. SB 88

Analysis

The bill authorizes sale of \$35 million in certificates of participation (COP), that is a subject to appropriation obligation of the State of Alaska, to finance construction of a residential housing facility to serve the Anchorage campus of the Alaska Native Medical Center. The bill declares an intent for the project to be designed, constructed, operated, and maintained by the Alaska Native Tribal Health Consortium. This fiscal note and analysis contemplates 15-year level debt service, a 2.3% interest rate/true interest cost for the COPs, and state subject to appropriation credit ratings of AA+, AA+, and Aa1. The first payment would be interest only in FY14, at an estimated \$350,000, followed by 15 subsequent principal and interest payments approximately \$2.8 million. Following repayment of the COPs ownership of the facility would revert to the Alaska Native Tribal Health Consortium.

Additional financing assumptions include issuing tax exempt certificates of participation between July and September 2013, debt service beginning in FY14 with an interest payment and then principal and interest payments through 2029. Interest earnings on COP proceeds are estimated at \$150,000. Debt issuance costs, estimated at \$415,000, need to be included in the cost of the project. If interest rates go up by 1% the estimated cost of the financing would increase by \$315,000 per year.

It is anticipated that if current capital market conditions hold, the COPs will be issued with a structure generating original issue premium (funds that are generated due to the coupon rates on the COPs being higher than current yield requirements for a particular maturity). The structure and par amount of the COPs will be determined in consideration of any Original Issue Premium to result in the anticipated net deposit of \$35 million, after all costs of issuance are paid, to the project fund.

The operation of the facility will need to be conducted in a fashion that won't jeopardize the tax exempt nature of the COPs.

SB 88 – ANTHC

List of Individuals invited to testify:

- Commissioner Streur – Health and Social Services
- Valerie Davidson - ANTHC
- Possibly Available for Questions: Deven Mitchel and Angela Rodell – Dept of Revenue

Doniece Gott

From: Laughlin, Wilda J (HSS) <wilda.laughlin@alaska.gov>
Sent: Monday, April 01, 2013 6:03 PM
To: Senate Finance Committee; Heather Shadduck
Cc: Streur, William J (HSS); Swanson, Paulyn M (GOV)
Subject: Senate Finance April 2

Please be advised of the following HSS participation for the Senate Finance hearing April 2 on SB 88:

Commissioner William Streur in Juneau available for questions.

w.

Doniece Gott

From: Christine Marasigan
Sent: Monday, April 01, 2013 2:56 PM
To: Senate Finance Committee
Subject: FW: addition to Witness List SB 13

From: Jody Simpson
Sent: Monday, April 01, 2013 2:29 PM
To: Christine Marasigan
Cc: Sen. Charlie Huggins; randall.ruaro@alaska.gov; michael.foster@alaska.gov
Subject: addition to Witness List SB 13

Christine,

I just received word that DOT Commissioner Pat Kemp will be present to testify on behalf of SB 13, KABATA, tomorrow.
Please add his name to the witness list.

Thank you.

jody

Jody Simpson

*Office of Senator Charlie Huggins
Senate District E
Alaska State Capitol, Room 111
Juneau, Alaska 99801-1182
Toll Free: 1-800-862-3878
Direct Line: (907)465-2661
Fax: (907)465-3265*

Please note new email address

Jody.Simpson@akleg.gov

Doniece Gott

From: Christine Marasigan
Sent: Thursday, March 28, 2013 3:31 PM
To: Senate Finance Committee
Subject: FW: Witness List SB 13 April 2

From: Jody Simpson
Sent: Thursday, March 28, 2013 3:26 PM
To: Christine Marasigan
Cc: Sen. Charlie Huggins; Deborah Grundmann; Gary Zepp; Rep. Mark Neuman; mcghan@mtaonline.net
Subject: Witness List SB 13 April 2

Amendments to Witness List for SB 13 on Tuesday, April 2:

David Livingstone, Managing Director, CITAGroup Corp
Jeff Stark, AK Department of Law (questions only)

Jody Simpson

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***Please note new email address**
Jody.Simpson@akleg.gov*

**SB 13, An Act relating to the Knik Arm Bridge and Toll Authority
and establishing the Knik Arm Crossing Fund.**

WITNESS LIST

- **Michael Foster, Chair, Board of Directors, Knik Arm Bridge and Toll Authority**
- **Kevin Hemenway, Chief Financial Officer, Knik Arm Bridge and Toll Authority**

ALASKA STATE LEGISLATURE

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Sponsor Statement - SB 88

"An Act authorizing the state bond committee to issue certificates of participation to finance the construction and equipping of residential housing to serve the Anchorage campus of the Alaska Native Medical Center; and authorizing the Department of Administration to enter into a lease-purchase agreement for the benefit of the Alaska Native Tribal Health Consortium."

Senate Bill 88 authorizes the Department of Administration to enter into a lease purchase agreement with the Alaska Native Tribal Health Consortium (ANTHC) for construction and equipping of a residential housing facility to be located on the Anchorage campus of the Alaska Native Medical Center.

The Department of Health and Social Services and the Alaska Tribal Health System are partners in providing community health care services throughout Alaska. The Alaska Native Medical Center (ANMC), in Anchorage provides comprehensive medical services to 143,000 Alaska Native and American Indian people across the Alaska Native Tribal Health Care system. Patients who need medical services beyond their local health clinic's capacity are referred to ANMC for specialty care services.

Two years ago ANTHC and the Department of Health and Social Services began identifying ways in which working together could result in Medicaid cost savings for the State while providing a more robust array of services offered within the tribal health system. The State of Alaska manages the Medicaid Program. The Federal government and the State split the cost of services for most Medicaid patients 50/50. However, if the Medicaid patient is an Alaska Native/American Indian and receives services in a tribal facility, the State is reimbursed 100% of the cost. This additional 50% reimbursement rate results in significant savings to the State's Medicaid budget.

A key element in providing these health care services is housing. Families who

travel to Anchorage for services must have housing to have meaningful access to care. When the new hospital was built at the Tudor Road campus in 1997, it included a 54 semi-private room facility adjacent to the hospital, the Quayana House. As demand increasingly exceeded the current 110 bed capacity, the ANTHC began contracting with local hotels to provide for additional rooms. Even at increased cost, this still did not meet the demand.

Senate Bill 88 addresses the critical need for patient housing by authorizing \$35 million in State Revenue bonds for construction of a 170 bed residential housing facility with sky bridge access to ANMC. It is not surprising that housing is an integral part of ANMC's plans to increase services in the following areas: Maternal Child Health/NICU expansion, Operating Room Expansion, Endoscopy, Telemedicine Delivery, Advanced Radiology Services, Ophthalmology, ENT, General Surgery, Urology, Emergency Services, and Physical Therapy. Patients who have housing on campus will receive services at ANMC rather than another healthcare facility in the area. Those who are Medicaid eligible will save the State General Fund dollars.

SB 88 anticipates State General Fund Medicaid savings of approximately \$8.8 million per year. This number is likely to increase over the next 10 years due to increased utilization for all health care services provided to Alaska Natives/American Indians. The identified cost savings exceed the amount needed to pay debt service on the bond. It is a solid investment for the State and a good partnership outcome for the Alaska Native Tribal Health System.

ALASKA STATE LEGISLATURE

SENATE FINANCE COMMITTEE

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SB 88 – Sectional Analysis

"An Act authorizing the state bond committee to issue certificates of participation to finance the construction and equipping of residential housing to serve the Anchorage campus of the Alaska Native Medical Center; and authorizing the Department of Administration to enter into a lease-purchase agreement for the benefit of the Alaska Native Tribal Health Consortium."

Section 1. Expresses the intent of the Legislature that:

1. Certificates of Participation (COP) in the amount of \$35,000,000 be issued to construct and equip a residential housing facility and pedestrian foot bridge on the campus of the Alaska Native Medical Center in Anchorage by the state bond committee;
2. The title of the facility will remain with the state until the bonds are repaid then transfer to the Alaska Native Tribal Health Consortium (ANTHC);
3. Design, construction, operations, and maintenance are the responsibility of the ANTHC; and
4. Issuance of the COPs is contingent on a memorandum of agreement between the ANTHC and the State of Alaska and payments on the COP is subject to appropriation.

Section 2.

- a. Authorizes the Department of Administration to enter into a lease-purchase agreement for a residential housing facility and pedestrian bridge to be constructed, equipped and operated by the ANTHC
- b. Authorizes the state bond committee to issue COPs in the aggregate amount of \$35,000,000 for the project and allows investment income on the proceeds to be used for the project. The estimate annual cost is \$2,800,000 and total lease payment for the term of the agreement is \$42,000,000. It includes costs of issuing the COPs in construction costs.
- c. Permits the state bond committee the ability to contract for services necessary in financing the project.

Section 3. Provides that Section 2 satisfies the legislative approval of a lease-purchase agreement required by AS 36.30.085.



BUSINESS PLAN

March 27, 2013

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EXECUTIVE SUMMARY

Summary: The Alaska Native Tribal Health Consortium (ANTHC) exists to provide the highest quality health services in partnership with our peoples and the Alaska Tribal Health System (ATHS) with the vision that Alaska Natives are the healthiest people in the world. Through this mission and vision, we are committed to expanding services based on the needs of the Alaska Native peoples with a focus on quality and customer service. This plan outlines the efforts of ANTHC to increase needed capacity in collaboration with our customer-owners so Alaska Native Medical Center (ANMC) is the provider of choice for these customer-owners. These expansions will save the State of Alaska through direct care services for Medicaid eligible beneficiaries maximizing the Federal match and reducing the share of the State. These savings can support a lodging facility for patient accessing services at the Alaska Native Medical Center.

The Alaska Native Medical Center (ANMC) in Anchorage provides comprehensive medical services to 143,000 Alaska Native and American Indian people across the Alaska Tribal Health System. More than half of our patients travel from outside Anchorage to access a broad variety of health services. A lack of supportive housing limits our ability to provide meaningful access to the very best care to our patients and their families. Patients may delay care or not complete their recommended plan of care due to a simple lack of housing.

The results of extensive research into the healthcare requirements of the Alaska Native peoples reveal the need to expand the following services:

- Maternal Child Health/NICU expansion
- Operating Room Expansion
- Endoscopy
- Telemedicine Delivery
- Advanced Radiology Services
- Ophthalmology
- ENT
- General Surgery
- Urology
- Emergency Services
- Physical Therapy (Wellness Center)

Increasing capacity in these areas, improving customer service, along with increasing housing capacity will result in an increase in the number of customer-owners choosing to utilize the services offered at ANMC. The result will be an increase in the Alaska Native peoples covered by Medicaid receiving services at ANMC rather than another healthcare facility in the area. ANMC is reimbursed by Medicaid \$10,138,256 (services described in this plan). The estimated Annual Alaska General Fund savings is \$8,849,129 as outlined in this plan.

Expanded Lodging

Summary: Over fifty percent of patients who received services at ANMC travel from outside Anchorage to access a broad variety of health services. A lack of supportive housing limits our ability to provide the very best care to our patients and their families. Our families who travel to Anchorage for health services must have housing to have meaningful access to care.

Patients may delay care or not complete their recommended plan of care due to a simple lack of housing. Providers sometimes admit patients to the hospital to ensure they receive appropriate supportive care, but this comes at a higher cost. Our priorities are expanding services, support for our people who need care, and providing an environment that facilitates their recovery. We do not have housing to meet current and future demands to provide this access to care. Before moving to its Tudor Road campus in 1997, ANMC had just fifteen rooms available on a priority basis for our patient and escort stays. ANMC's Qu yana House offers 54 semi-private rooms adjacent to the hospital for our patients and their escorts so they have ready access to care. Demand often exceeds the Qu yana House's 110-bed capacity. We contract with a local hotel to accommodate for additional rooms, but the demand for housing still exceeds the supply of rooms.

For our high-risk pregnancies from other regions, ANMC is their home away from home. The expectant mothers must come to Anchorage for the last 4-6 weeks of their pregnancy so they have immediate access to their hospital care.

More rooms will allow for better access to

- Outpatient specialty medical care
- Expectant mothers and their families
- Infusion and radiation therapy
- X-rays, MRIs, and CTs
- Children and their parents

The plan includes the construction of a 170-room patient lodging facility on ANMC's campus to meet the needs of our people.

Activities:

Construct and operate a new housing facility with the following amenities:

- 170 rooms
- Shared kitchens
- Gathering area
- On-site meal facility
- In-room sleeper sofas for escorts

Return on Investment (ROI):

- Three times the capacity for housing
- Better access for customer owners with housing needs
- Increased access to care for care for expectant mothers:
- Better access to educational programs
- Better access to healthcare.

Estimated Cost of Expanding Patient Housing:

- \$35 million for 170 room facility with support services

Service Line: Maternal Child Health/Neonatal Intensive Care Expansion

Summary: ANMC must be more competitive in attracting and retaining market share through long term strategic planning in order to keep up with the growing demand for maternal child health services. Labor and delivery and postpartum facilities are a large part of the marketing focus for maternal child health services. The current post-partum unit consists primarily of double rooms that are not generally desirable for new mothers. Occasionally, all the labor and delivery rooms are also at full capacity. Renovation of these units to allow for single rooms and increased capacity would encourage and capture additional mother/baby volumes as expectant mothers choose to receive their care at ANMC. Eighteen percent of Anchorage area Alaska Native Mothers had their babies delivered at a health facility other than ANMC. This plan also includes the expansion of newborn care, pediatric services and more comfortable space for the recovery of new mothers.

The addition of four Progressive Care Nursery (PCN) beds and expanding to eight Level II NICU beds will provide us with the space to care for the increasing number of babies born requiring this higher level of newborn care. The PCN provides a lower level of care than a NICU, but a higher level of care than can be provided on the Mother Baby Unit. Examples of what the PCN would care for are babies requiring IV antibiotics for a suspected/confirmed infection, for babies who are thermo-stable in an open crib but are unable to nipple all of their feedings, for babies stable on low-flow oxygen not requiring continuous monitoring, and babies requiring close observation for four to eight hours to determine if they will require a higher level of care.

Without the expansion, mothers who are less than 37 weeks gestation may be transferred to Providence Hospital to deliver their baby where the NICU services are available to care for the infant after birth. Infants born prematurely have better outcomes when the infant is directly transferred from Labor and Delivery into a NICU in the same facility rather than being transferred from one hospital to another after delivery.

This expansion will allow ANMC to offer more comprehensive care and reduce the number of transfers for both the infant and the mother to a local area NICU. Infants requiring higher levels of comprehensive care also have higher length of stays since these infants are generally born at lower weight levels and require time to feed and grow before they can be safely discharged. Expanding NICU/PCN will allow us to retain and attract more infants and mothers at ANMC.

Activities (Labor and Delivery):

- Increase labor and delivery rooms from five to eight
- Increase obstetrical operating rooms from one to two
- Add private obstetrical triage exam rooms
- Centralized nursing station to respond more efficiently to patient needs
- Increase postpartum beds from 17 to 22
- Centralize and secure the reception area to service all of maternal child health services
- Add pediatric play/resource room
- Add pediatric medical procedure room
- Addition of maternal child health roof top garden for secluded place for new mothers
- Refurbish current space

Activities (Pediatrics and newborns):

- Increase neonatal intensive care beds from eight to twelve
- Add pediatric play/resource room
- Add pediatric medical procedure room
- Refurbish current space

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$2,179,361
Estimated Annual Alaska General Fund Savings:	\$1,089,681

Service Line: Operating Room Expansion

Summary: ANMC Strategic Initiatives and Values serve to guide and direct resources in Surgical Services. The commitment to treat customer-owners with respect and dignity has been met through the creation of five additional patient care bays in day surgery. The larger bays enable family members to stand at the bedside and provide more privacy. The addition of DVD players in each bay will provide a means for relaxation. The planned partnership of family escorts will strengthen the circle of support around those customer-owners scheduled for surgical and invasive procedures. The additional goals of promoting and supporting the health and wellness of our customer-owners have been reached through measures taken to improve access to surgical care. The addition of operating room #10, scheduling of procedures on weekday evenings and weekends has provided more than 10% additional capacity for providers to minimize surgical wait times. Service line development for neurosurgery and ophthalmology has reduced the need for customer-owners to be transferred out of state to receive care. The commitment to the value of achieving excellence partnered with Native self-determination created the initiative to train and educate Native professionals in the specialty of perioperative nursing.

Activities:

- Opening of operating room #10 (forty hours) and the associated ten percent% increase in capacity
- Opening of an additional operating room during the weekday evening shift (six hours) and on Saturdays to include additional eight hour room(s) based on scheduled need
- Increase operating room time for neurosurgery, ophthalmology, and dental rehabilitation
- Immediate operating room access for emergent/urgent add on surgical procedures without affecting the elective surgical schedule.
- Decrease in same day cancellations related to delays in the elective schedule.
- Enhancements to the medication delivery system for ophthalmology to decrease surgical preparation time and improve patient safety
- Improved access for family waiting to include use of space near pediatrics
- Incorporation of beepers into the family waiting process to allow movement through the organization
- Operating room RN internship; 17 week training at 100% Native hiring preference
- Operating room educator to strengthen employee onboarding and mentorship integrated with hands on management philosophy; the goal being improvement in the rate
- Addition of 2.49 FTE anesthesiologists
- Creation of five additional patient care bays in day surgery
- Family navigation program development in collaboration with University of Alaska

- Physician partnership for the maintenance of preference cards to improve access to needed supplies and equipment.
- OR technician educator and launch of federally approved apprenticeship program for surgical technology
- Preoperative customer-owner waiting time process improvement with the install of electronic media devices in each patient care bay
- Additional operating room staff to provide additional teams on evenings and weekends

Completion Date: 2011-2012

<i>ROI:</i> Annual ANMC Revenue:	\$1,190,066
Estimated Annual Alaska General Fund Savings:	\$ 595,033

Service Line: Endoscopy

Summary: ANMC Strategic Initiative and Values serve to guide and direct resources in endoscopy. The commitment to promoting a compassionate environment for care delivery with respect and dignity has been met through the creation of private care bays in the pre-procedure area. Customer-owners will be afforded access to stretchers within bays large enough to allow family members to encircle them with support. Each of the four newly created bays will be equipped with DVD players to provide a means for relaxation. The commitment to promoting the health and wellness of our customer/owners has been met with the addition of 20% capacity to the endoscopy schedule. The increased capacity creates an opportunity to minimize endoscopy wait times and allow for service line development for manometry testing, ph esophageal monitoring, and adult sedation services. The commitment to the value of achieving excellence in managing the needs of our customer-owners has been met by Alaska State Board of Nursing recognition and approval of ANMC endoscopy RNs to administer propofol for the advanced management of discomfort. The ANMC endoscopy department is the only site in Alaska granted approval to administer this medication and achieve excellence as demonstrated by an improved customer-owner experience and decreased length of stay – allowing families to reunite as quickly as possible. Collaborative leadership in the department facilitated by the newly created shift coordinator ensures timely partnership with customer-owner, family members, providers and staff. Compassion fostered by the partnership with customer-owners provides vision and focus for the endoscopy department.

Activities:

- Opening of 10 hours of additional capacity in endoscopy by moving case start times earlier
- Improved customer-owner experience by decreasing wait time for interventions
- Nurse administered propofol program – first and only approved program in the State of Alaska – with expected decreases in length of stay, 10% decrease in turnover time between procedures, improved patient satisfaction, and improved management of pain
- Post procedure recovery process management by endoscopy RNs to improve discharge experience by re-uniting customer-owners with family members sooner
- Successful incorporation of manometry and ph esophageal monitoring services at ANMC (endoscopist and endoscopy staff training provides options for customers-owner to have procedures performed at ANMC)
- Successful integration of the charge nurse role providing departmental mentorship and training has resulted in staff stabilization and an improvement in the quality of physician partnerships

- Improved privacy and dignity for customer-owners with the conversion of three recliner spaces in the pre-procedure endoscopy area to four patient care bays (Customer-owners will be provided with access to a stretcher and electronic media device to improve the waiting experience)
- Increase in endoscopy capacity facilitated by improvement in patient flow with the ability to start the pre-procedure monitoring process before entering the endoscopy room.
- EKG leads, B/P cuff, pulse oximetry to be started pre-procedure (This will provide opportunities for the provider to start with the administration of sedating medications before entering the endoscopy room)
- Service line development and integration of sedation services into the endoscopy department
- Access to sedation services for customer-owners in radiology and the inpatient units will be facilitated through the scheduling and coordination of resources in endoscopy

Completion Date: 2011-2012

<i>ROI:</i> Annual ANMC Revenue:	\$ 98,365
Estimated Annual Alaska General Fund Savings:	\$ 48,182

Service Line: Continued Telemedicine Delivery Enhancement

Summary: AFHCAN, The ATHS Telehealth System is continuing to integrate telehealth solutions with Electronic Health Records (EHR) – with a growing number of organizations having integrated their EHR's with telehealth. AFHCAN was used to provide 20,000 discharge reports to Tribal Health Organizations (THOs) from ANMC in FY12 and is now testing an automated interface to send discharge notes from ANMC's Cerner EHR to remote sites. AFHCAN is continuing to expand telemedicine capabilities by working with individual clinics and integrating video capability into our software suite. Another initiative is in home telehealth monitoring. We are currently developing the program and seeking appropriate funding for long term sustainability.

AFHCAN significantly enhanced the AFHCAN (tConsult) software suite. Performance is significantly improved with increased capabilities and functionality. For every dollar of Medicaid reimbursement saved, there is a \$10.54 savings in travel expenses. AFHCAN partners with the ANMC specialty clinics to provide telehealth services. Four additional clinics were provided live patient telemedicine video services and three more will be ready soon.

ANMC received 7,847 specialty consultations via the AFHCAN software in 2012 – up from 4,559 in 2011. There were 24,687 primary care cases statewide in 2012, up from 20,935 in 2011. ANMC transmitted 20,127 follow-up/discharge notes in 2012, up from 4,471 in 2011. The estimated travel savings statewide for 2012 due to telehealth are estimated to be between six and ten million dollars (conservative estimate of three million dollars). 1,425 unique providers created or consulted on telehealth cases using the AFHCAN telehealth system in 2012. 20,719 unique patients were served with the AFHCAN system in 2012 (15% of the Alaska Native population).

Activities:

- Removing reliance on Fax machines to transmit information
- Expanding capability for telehealth to more clinics
- All ANMC Specialty Clinics can now take cases via tConsult originating at every Tribal site throughout Alaska
- Dictations are now all being sent via tConsult to regional sites
- Clinics accept and communicate with providers using the AFCHAN software, have implemented billing systems, and manage their users and forms within the AFHCAN system
- AFHCAN is an accredited training program by the American Telemedicine Association and teaches semester-long telehealth courses that are well attended and highly acclaimed by students (Hosted by the University of Alaska)

Completion Date: 2014

ROI: Estimated Annual Alaska General Fund Savings: \$ 780,000

Estimated Annual Alaska General Fund Savings (Travel): \$3,000,000

Service Line: Advanced Radiology Services

Summary: ANMC provides both computerized tomography (CT) and magnetic resonance imaging (MRI) services. Computerized tomography is a combination of x-ray views taken from different angles. A computer processes the information to create cross-section images of the bones and soft tissue inside your body. The resulting images can be compared to looking down at a slice of bread. In some cases CT images can be combined to create 3 dimensional images of the area being scanned. An MRI uses a powerful magnetic field, with the aid of radio waves and a computer to obtain very detailed images of tissues and organs throughout your body without the need for x-rays. MRI is widely used for imaging soft tissues in the body including and not limited to the brain, nerves and muscles. ANMC has the only low dose radiation 64 slice CT in the state.

The radiology department expects to establish MRI weekend clinics on a permanent regular basis. Currently, the weekend clinics are filled on a voluntary basis. This will further accommodate our customer/owners, giving greater flexibility in scheduling and provide for additional access. There is no access issue or backlog with CT at this time.

Activities:

- 10% increase in capacity in MRI cases
- 10 additional weekday appointment times slots to accommodate patients
- Utilization of call list to fill slots of no show appointments, cancellations and rescheduled appointments

Completion Date: 2011-2012

ROI: Annual ANMC Revenue:	\$ 455,775
Estimated Annual Alaska General Fund Savings:	\$ 227,887

Service Line: Ophthalmology

Summary: Ophthalmology is a specialized surgical department that consists of 4.5 ophthalmologic surgeons including one pediatric specialist and one glaucoma specialist. Services performed include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits.

Patients requesting an appointment will be offered an appointment the same day for any problem with a specialist in the department and within 5 days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within 5 days. The service is working towards eliminating any backlog for cataract surgery. Operating room time and access has increased. Exam space is expected to increase which will improve outpatient access.

Activities:

- Addition of one pediatric surgeon, a part-time glaucoma surgeon and an additional RN/case manager
- Addition of an exam room that will include a sight lane
- Addition of an extra surgical day in the operating room which adds a total of 36 cases per month
- Additional two hours of block operating room time that is expected to result in an increase of eight cases per month
- Utilize call back reminders for patients
- Monitoring and tracking demand, and supply activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 359,985
Estimated Annual Alaska General Fund Savings:	\$ 179,993

Service Line: Ear Nose Throat (ENT)

Summary: ENT is a specialized surgical department that consists of 8.25 ENT surgeons. ENT services include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits.

Patients requesting an appointment will be offered an appointment the same day for any problem with a specialist in the department and within five days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within five days. The clinic is expecting to increase exam space in order to increase the number of providers seeing patients simultaneously. ENT is also exploring opportunities to increase services to pediatrics.

Activities:

- Addition of part-time audiologist to increase access to diagnostic pre-surgery testing
- Recruit and fill open surgeon position
- Addition of audiology room
- Addition of a multi-purpose exam room for both patient intake and education.
- Better management of patient time in clinic
- Standardize and improve the process for contacting patients for follow-up along with improving the process for referral contacts
- Monitoring and tracking the specific access measures of demand, supply, activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

ROI: Annual ANMC Revenue: \$ 1,292,650

Estimated Annual Alaska General Fund Savings: \$ 646,325

Service Line: General Surgery Clinic

Summary: The general surgery clinic consists of nine general surgeons which includes trauma coverage. Services provided include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits. Patients requesting an appointment will be offered an appointment same day for any problem with a specialist in the department and within five days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within five days. The service line expects to decrease time to wait for surgery while maintaining our established goal of approving access to outpatient visits. The department of surgery is exploring opportunities to expand clinic space and to improve overall access.

Activities:

- Addition of RN to expedite patient flow
- Addition of PA/ANP
- Five additional exam rooms
- Standardize the overall schedule that covers the diverse responsibilities of the providers (This schedule covers all aspects to include outpatient, inpatient, trauma and on-call)
- Cross-train surgeons to provide more coverage for sub-specialty cases (i.e. Varicose Vein procedures)
- Monitoring and tracking the specific access measures of demand, supply, activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 181,564
Estimated Annual Alaska General Fund Savings:	\$ 90,782

Service Line: Urology

Summary: Urology is a specialized surgical department that consists of three urologic surgeons. Services include: outpatient, inpatient, operations/procedures, on-call and consultative services as well as field visits. Patients requesting an appointment will be offered an appointment same day for any problem with a specialist in the department and within five days when requesting a specific specialist. Patients requiring surgical intervention or procedures will be offered that procedure within five days. Urology is expecting to increase exam space since the current configuration is very limited. The service line is refining the scheduling process to explore opportunities to improve overall access.

Activities:

- Additional nurse supervisor
- Additional officer manager
- Exploring options to increase exam space
- Standardization of scheduling resulting in increasing available exam slots by eight per week
- Addition of appointment time slots by better managing non-value added schedule time
- Standardize patient call backs
- Monitoring and tracking the specific access measures of demand, supply, activity, 3rd next available outpatient appointment, 1st available operating room procedure and 3rd available operating room procedure

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 73,591
Estimated Annual Alaska General Fund Savings:	\$ 36,796

Service Line: Emergency Services Expansion

Summary: As we continue to improve access and coordination of care for our customer-owners, it is becoming increasingly important to improve throughput in the emergency department. We are continuing to explore opportunities to improve the intake, evaluation, and discharge processes to eliminate delays and increase capacity. Patients may wait in the emergency department for inpatient beds to become available. Improving the discharge process on the inpatient units will allow for more efficient throughput of patients from the emergency department. Establishment of an admission/discharge unit would improve the timely discharge of patients with a focus on customer service. Patients who are ready for discharge can be safely and efficiently discharged to recuperate more comfortably in their home environments. This will allow the more efficient transfer of patients from the emergency department to the appropriate inpatient bed. The admission area provides for close observation, admission physical assessment, emotional support and improved communication between patient and providers. The discharge area provides discharge assessment, pain management, discharge education and coordination of resources. Both of these areas will not only improve patient outcomes and patient flow through the system but also improve patient satisfaction.

Activities:

- Development of admission area
- Development of discharge area
- Additional nurses staff as needed
- Additional provider to handle increased volumes
- Additional nursing staff to handle additional volumes

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 178,339
Estimated Annual Alaska General Fund Savings:	\$ 89,170

Service Line: Physical Therapy (Wellness Center)

Summary: The physical therapy department provides comprehensive evaluation and treatment for patients within the tribal health system. The current space within the hospital has 1,800 square feet dedicated for treatment. Outpatient demand is exceeding the staffing and current facility capability. Access to initial physical therapy evaluations and follow up appointments is limited, and patient referrals are triaged based on need. Post-surgical, wound care and acute care patients are given priority. Fifty-seven percent of physical therapy outpatients cannot be scheduled in less than four weeks.

Physical therapy staffing and space was inadequate to meet the volume of referrals. Customer-owners who have a secondary resource have been seeking services elsewhere and access to physical therapist is our primary patient complaint. A survey of primary care providers indicated that thirty-seven and one-half percent of respondents referred between one and three referrals per week to the community this equates to 4,659 visits annually or 2.3 FTE's physical therapists. Physical therapy expects to improve access to outpatient physical therapist services for our Anchorage area clients by creation of a new offsite outpatient physical therapy wellness center. The expected space is between 1,800 and 3,000 square feet, which will allow for up to three physical therapists. There will be an addition of two physical therapists, one physical therapy assistant and an office manager/case manager.

Activities:

- Addition of space to accommodate capacity
- Additional case manager
- Additional physical therapy assistant
- Two additional physical therapists

Completion Date: 2014

<i>ROI:</i> Annual ANMC Revenue:	\$ 405,530
Estimated Annual Alaska General Fund Savings:	\$ 202,765

Non Acute Outpatient Services Revenue

Summary: The non acute patient revenue is the dollars realized by moving patients who no longer meet acute criteria but still require some degree of ongoing medical treatment to a more appropriate outpatient environment. The patient can continue to receive appropriate therapies and other treatments on an outpatient basis. These treatments would be billable to third party payers. The average length of stay is predicted to be two weeks with the patient receiving at least three treatments or other medical appointments or services per week. These services are appropriate for full recovery and may not currently be available near the customer-owner's home. The customer-owner would then be able to transition to their community of origin at an appropriate time.

<i>ROI:</i> Annual ANMC Revenue:	\$ 516,030
Estimated Annual Alaska General Fund Savings:	\$ 258,015

Increased Inpatient Day Capacity/Pre-natal Outpatient Medical Services

Summary: The construction of an expanded patient lodging space to 170 beds and the repurposing of the existing Qu yana House to accommodate outpatients, will allow for the appropriate discharge of inpatients not meeting acute care criteria. When appropriate services are unavailable on an outpatient basis, the customer-owner will continue to occupy an inpatient bed. The results are a strain on patient capacity and may result in customer-owners being diverted to non-tribal hospitals for care. Customer-owners ready to return to their home communities but due to delays in travel or other coordination issues may have their discharge delayed. ANMC is not reimbursed for outpatient services when the customer-owner no longer meets inpatient criteria for admission but remains an inpatient. More appropriate discharge of inpatients is estimated to increase Medicaid inpatient capacity by 510 inpatient days. Non-acute patients more appropriately discharged are estimated to need outpatient medical visits and treatments at an average of three services per week for two weeks.

The lack of housing capacity has precluded ANMC from providing an expanded program of services to the higher risk pre-natal mothers residing in rural Alaska. The new construction will allow the creation of a “community” environment on the campus for these customer-owner mothers while receiving easy access to their medical care and prenatal education. An average census of 10 was determined as a conservative assessment of the prenatal population that would be accommodated at ANMC. These mothers require approximately three medical related visits, testing, and services per week for an average of eight weeks.

ANMC has explored the demand for specialty and inpatient services through the Innova Medical Services Plan (2012) and has initiated new services to increase patient access and throughput in the hospital. To enable access to those services for beneficiaries residing outside of Anchorage, housing is an integral component of the plan.

Completion Date: 2014

ROI(Increased Inpatient Day Capacity):

Annual ANMC Revenue:	\$ 1,198,500
Estimated Annual Alaska General Fund Savings:	\$ 599,250

ROI(Pre-natal Outpatient Medical Services):

Annual ANMC Revenue:	\$ 2,008,500
Estimated Annual Alaska General Fund Savings:	\$ 1,004,250

SUMMARY

<u>ANMC Service Line</u>	<u>Annual ANMC Medicaid Revenue</u>	<u>Estimated Annual Alaska General Fund Savings</u>	<u>Completion Date</u>
Maternal Child Health	\$2,179,361	\$1,089,681	2014
Operating Room Expansion	\$1,190,066	\$595,033	2011-2012
Advanced Radiology Services	\$455,775	\$227,887	2011-2012
Endoscopy	\$98,365	\$49,182	2011-2012
Telemedicine Delivery Enhancement		\$780,000	2014
Travel Savings (Telemedicine Delivery Enhancement)		\$3,000,000	2013
Ophthalmology	\$359,985	\$179,993	2014
ENT	\$1,292,650	\$646,325	2014
Physical therapy (Wellness Center)	\$405,530	\$202,765	2014
General Surgery Clinic	\$181,564	\$90,782	2014
Urology	\$73,591	\$36,796	2014
Emergency Services	\$178,339	\$89,170	2014
Non-Acute Outpatient Services Revenue	\$516,030	\$258,015	2014
Increased Inpatient Day Capacity	\$1,198,500	\$599,250	2014
Pre-natal Outpatient Medical Services	\$2,008,500	\$1,004,250	2014
TOTAL	\$10,138,256	\$8,849,129	



Our Mission:

Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System.

ANMC by the numbers*:

Serving **140,000** Alaska Native people

7,286 inpatient admissions

1,560 babies born

333 full-time physicians

152 Physician Assistants and Nurse Practitioners

443 Magnet[®] nurses

383,317 outpatient visits

55,982 Emergency Department visits

22,988 surgical procedures performed

2,078 ANTHC employees working to meet our vision of Alaska Native people being the healthiest people in the world.

**2011 figures*



Alaska Native Tribal Health Consortium

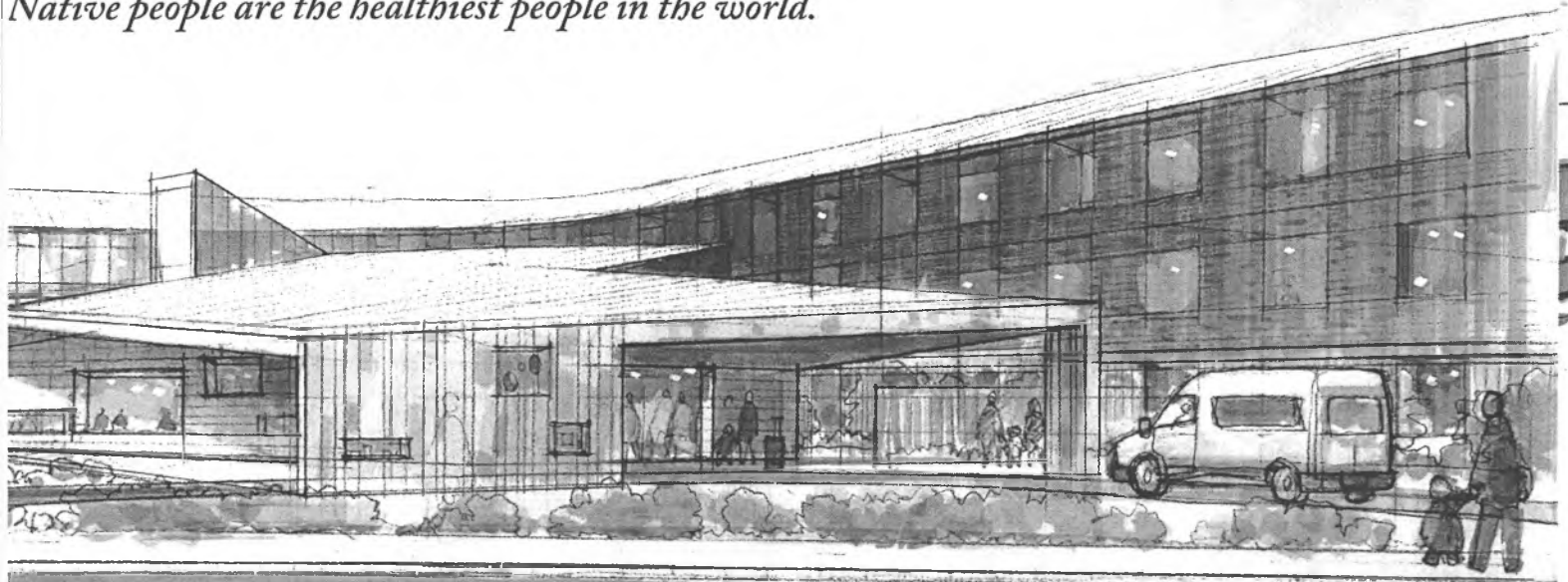
4000 Ambassador Drive, Anchorage, Alaska 99508

T: (907) 729-1900 • F: (907) 729-1901 • anthc.org

ANTHC and Southcentral Foundation co-manage ANMC. ANTHC is a not-for-profit tribal health organization managed by Alaska Native tribal governments and their regional health organizations. ANTHC provides statewide services in specialty medical care; construction of water, sanitation and health facilities; community health and research; information technology and professional recruitment.

the Vision:

Native people are the healthiest people in the world.



Facility Exterior



Before moving to its Tudor Road campus in 1997, ANMC had just 15 rooms available on a priority basis for our patient and escort stays. It wasn't enough. Since, ANMC's Quyana House has offered 54 semi-private rooms adjacent to the hospital for our patients and their escorts so they have ready access to care. Demand often spikes above the Quyana House's 110-bed capacity. We contract with a local hotel to accommodate all of our patients' needs. This still isn't enough. More rooms will improve access to care.

One of our greatest challenges is that the Alaska Native Tribal health care system only receives half of the funds needed for basic health care. Despite that, ANMC continues to provide world-class care.



The Alaska Native Medical Center (ANMC) in Anchorage provides comprehensive medical services to 140,000 Alaska Native and American Indian people across the Alaska Tribal Health System.

Access to Care: Expanding lodging for patients at Alaska Native Medical Center

More than half of our patients travel from outside Anchorage to access a broad variety of health services. A lack of supportive housing limits our ability to provide the very best care to our patients and their families. Our families who travel to Anchorage for health services must have housing to have meaningful access to care.

Patients may delay care or not complete their recommended plan of care due to a simple lack of housing. Providers sometimes admit patients to the hospital to ensure they receive appropriate supportive care, but this comes at a higher cost. Our priorities are expanding services and support for our people who need care and providing an environment that facilitates their recovery so they can return home.

We need your help. We do not have housing to meet current and future demands to provide this access to care. With your support, we can provide more services and build a 170-room patient lodging facility on ANMC's campus to meet the needs of our people.





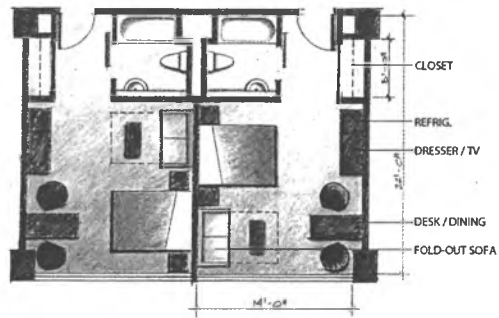
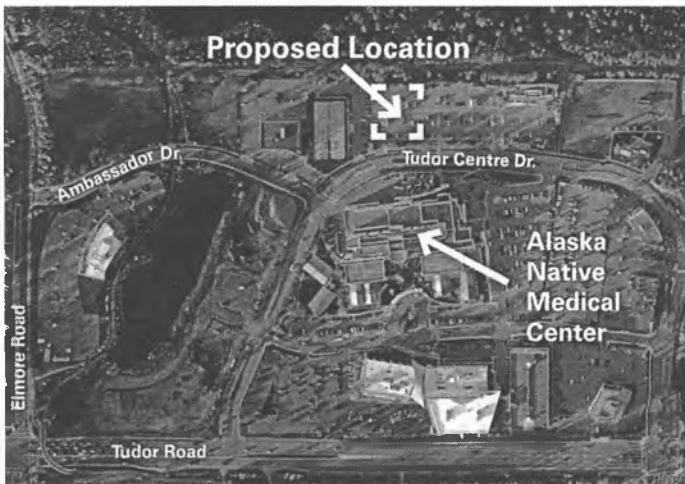
Lobby Interior

Meeting patients' needs:

- Outpatient specialty medical care
- Expectant mothers and their families
- Infusion and radiation therapy
- X-rays, MRIs, and CTs
- Children and their parents

Facility amenities:

- 170 rooms
- Shared kitchens
- Gathering area
- Dining area
- In-room sleeper sofas



Room Layouts

ANMC patients benefit from:

Increased capacity:
170 rooms triples our current capacity.

Better access:
Patient lodging will be located on campus and will provide direct access to the hospital for elders, expectant mothers, and our other patients.

Increased care for expectant mothers:
For our high-risk pregnancies from other regions, ANMC is their home away from home. The expectant mothers must come to Anchorage for the last 4-6 weeks of their pregnancy so they have immediate access to their hospital care. They also receive education and access to health programs. Currently our expectant mothers primarily stay in hotels across Anchorage at significant expense.

Expanded opportunity:
This lodging facility allows for further development of a progressive housing model which cares for our community of children to elders.



Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Arctic Slope Native Association strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, Samuel Simmonds Memorial Hospital sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qujana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend 6 weeks waiting to deliver her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning Arctic Slope Native Association/Samuel Simmonds Memorial Hospital's position in support of this bill, please feel free to contact me at the number listed below.

Sincerely,

A handwritten signature in cursive script that reads "Marie Carroll".

Marie Carroll, President/CEO

COUNCIL ANNETTE ISLANDS RESERVE

VICTOR C. WELLINGTON, SR., Mayor
DENNA M. YUENEMIL, SECRETARY
NATHAN W. FAWCETT, TREASURER
April 1, 2013

ESTABLISHED 1887

ANNETTE ISLANDS SERVICE UNIT
METLAKVILVA INDIAN COMMUNITY
P.O. Box 439
563 Brendible Street
METLAKVILVA, ALASKA 99926

RACHAEL ASKREN, SERVICE UNIT DIRECTOR
ADMINISTRATION (907) 886-6601
MEDICAL CLINIC (907) 886-4741
DENTAL CLINIC (907) 886-6477
BEHAVIORAL HEALTH (907) 886-7491

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Annette Island Service Unit strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, Annette Island Service Unit sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qujana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

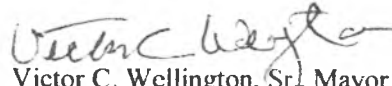
For the high risk prenatal mother who can spend several weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning the Annette Island Service Unit's (Metlakatla Indian Community) position in support of this most important bill; please feel free to contact my office at 907-886-4441 or 907-886-5810.


Sincerely,

Metlakatla Indian Community



Victor C. Wellington, Sr., Mayor

Annette Island Service Unit



Rachael S. Askren
Service Unit Director



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

☎ 907.562.6006 ☎ 907.583.2001 · 4000 Ambassador Dr, Suite 101 · Anchorage, Alaska 99508 · www.anhb.org

April 1, 2013

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Alaska Native Health Board (ANHB) strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center. ANHB is a statewide organization representing tribes and tribal organizations carrying out health services on behalf of the 229 federally-recognized tribes in the state of Alaska.

As part of the Alaska Tribal Health System network, the Alaska Native Health Board represents tribal health organizations that send patients whose medical needs are beyond their capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qujana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

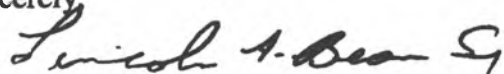
For the high risk prenatal mother who can spend several weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

ALASKA NATIVE TRIBAL
HEALTH CONSORTIUM
ALEUTIAN FRIBILOF
ISLANDS ASSOCIATION
ARCTIC SLOPE
NATIVE ASSOCIATION
BRISTOL BAY AREA
HEALTH CORPORATION
CHUGACHMUT
COPPER RIVER
NATIVE ASSOCIATION
COUNCIL OF
ATHABASCAN
TRIBAL GOVERNMENTS
EASTERN ALEUTIAN
TRIBES
KARLUK IRA
TRIBAL COUNCIL
KENAITZE INDIAN TRIBE
KETCHIKAN
INDIAN COMMUNITY
KODIAK AREA
NATIVE ASSOCIATION
MANILAQ ASSOCIATION
METLAKATLA INDIAN
COMMUNITY
MT. SANFORD
TRIBAL CONSORTIUM
NATIVE VILLAGE
OF EKUTNA
NATIVE VILLAGE
OF TYONEK
NINILCHIK
TRADITIONAL COUNCIL
NORTON SOUND
HEALTH CORPORATION
SELDOVIA
VILLAGE TRIBE
SOUTHCENTRAL
FOUNDATION
SOUTHEAST ALASKA
REGIONAL HEALTH
CONSORTIUM
TANANA CHIEFS
CONFERENCE
YUKON-KUSKOKWIM
HEALTH CORPORATION
VALDEZ NATIVE TRIBE

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning ANHB's position in support of this bill, please feel free to contact me at the number listed above.

Sincerely

A handwritten signature in cursive script that reads "Lincoln A. Bean Sr.".

Lincoln Bean, Sr.
Chairman, Alaska Native Health Board



**Bristol Bay Area
Health Corporation**
6000 Kakanak Road
P.O. Box 130
Dillingham, AK 99576
(907) 842-5201
800-478-5201
FAX (907) 842-9354

*Bristol Bay Area
Health Corporation is
a tribal organization
representing 34
villages in
Southwest Alaska:*

Aleknagik
Chignik Bay
Chignik Lagoon
Chignik Lake
Clark's Point
Dillingham
Egegik
Ekuk
Ekwok
Goodnews Bay
Igiugig
Iliamna
Ivanof Bay
Kanatak
King Salmon
Knugank
Kokhanok
Koliganek
Levelock
Manokotak
Naknek
New Stuyahok
Newhalen
Nondalton
Pedro Bay
Perryville
Pilot Point
Platinum
Port Heiden
Portage Creek
South Naknek
Togiak
Twin Hills
Ugashik

*To promote health
with competence,
a caring attitude &
cultural sensitivity*

April 1, 2013

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Bristol Bay Area Health Corporation strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, BBAHC which manages the Kakanak Hospital and the 27 village built clinics sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Quiana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend 3 or more weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning our position in support of this bill, please feel free to contact me at; (907)842-5201.

Sincerely,
Bristol Bay Area Health Corporation

Robert J. Clark
President/CEO

KODIAK
AREA
NATIVE
ASSOCIATION

Office of the President and CEO

3449 Rezanof Drive East
Kodiak, Alaska 99615
Phone 907.486.9800
Fax 907.486.1331
President@kanaweb.org
www.kanaweb.org

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Kodiak Area Native Association (KANA) strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, KANA sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qu yana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

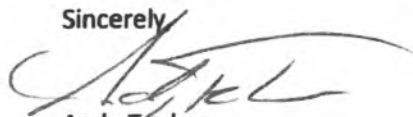
Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend 6 to 8 weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning KANA's position in support of this bill, please feel free to contact me at the number listed above.

Sincerely



Andy Teuber
President and CEO



SEARHC

SouthEast Alaska Regional Health Consortium

3245 Hospital Drive, Juneau, AK 99801
907 463-4000 • www.searhc.org

April 1, 2013

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The SouthEast Alaska Regional Health Consortium (SEARHC) strongly supports passage of SB 88, which will bring construction of a 170-bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, SEARHC sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qu yana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

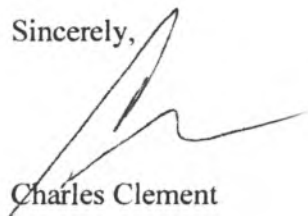
Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend several weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning SEARHC's position in support of this bill, please feel free to contact me at the number listed above.

Sincerely,

A handwritten signature in black ink, appearing to read 'Charles Clement', with a stylized flourish extending to the right.

Charles Clement
President and CEO

Southcentral Foundation



Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

Southcentral Foundation strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, Southcentral Foundation sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qujana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

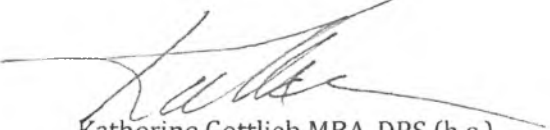
Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend many weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning Southcentral Foundation position in support of this bill, please feel free to contact me at this number 1-907-729-4938.

Sincerely,
Southcentral Foundation



Katherine Gottlieb MBA, DPS (h.c.)
President/CEO



TANANA CHIEFS CONFERENCE

Health Services

Al Ketzler, Sr. Building

201 First Ave, Suite 300

Fairbanks, AK 99701

(907) 452-8251 Fax: 459-3950

Toll Free in Alaska 1-800-478-7822

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Tanana Chiefs Conference strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, Tanana Chiefs sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Quyana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend 3-4 weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning Tanana Chiefs Conference position in support of this bill, please feel free to contact me at the number listed above.

Sincerely,

Tanana Chiefs Conference

Victor Joseph, Director Health Services



YUKON-KUSKOKWIM HEALTH CORPORATION

"Working Together to Achieve Excellent Health"

Monday, April 01, 2013

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Yukon-Kuskokwim Health Corporation (YKHC) strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, YKHC sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qujana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend 4 weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning YKHC's position in support of this bill, please feel free to contact me at 907-543-6020.

Sincerely,

Gene Peltola, CEO and President
Yukon-Kuskokwim Health Corporation



AD12-060

Copper River Native Association (AHTNA' T'AENE NENE')

Mile 104 Old Richardson
P.O. Box H • Copper Center, Alaska 99573
Phone (907) 822-5241
Fax (907) 822-8801
E-mail: info@crnative.org
Website: www.crnative.org

April 1, 2013

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

Copper River Native Association and its Board of Directors strongly support passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, Copper River Native Association sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Quyana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

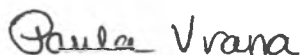
For the high risk prenatal mother who can spend several weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative

services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning Copper River Native Association and its Board of Directors position in support of this bill, please feel free to contact me at the number listed below.

Sincerely,

A handwritten signature in cursive script that reads "Paula Vrana".

Paula Vrana
CEO, Copper River Native Association
Drawer H
Copper Center Alaska, 99573
907-822-5241



Aleutian Pribilof Islands Association, Inc.

1131 E. International Airport Rd.
Anchorage, Alaska 99518-1408
Phone (907) 276-2700
Fax (907) 279-4351

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

The Aleutian Pribilof Islands Association strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, Aleutian Pribilof Islands Association sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Quyana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

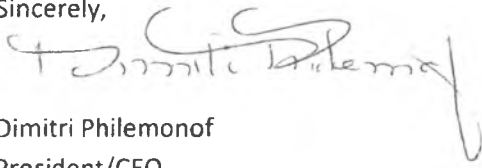
Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

For the high risk prenatal mother who can spend any number of months waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

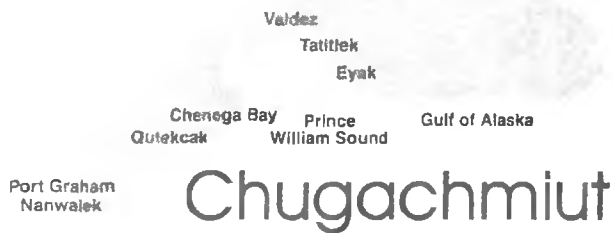
Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning our position in support of this bill, please feel free to contact me at 907-276-2700.

Sincerely,

A handwritten signature in black ink, appearing to read "Dimitri Philemonof". The signature is written in a cursive style with a large, stylized initial "D".

Dimitri Philemonof
President/CEO



April 01, 2013

Senator Kevin Meyer, Co-Chair
Senator Pete Kelly, Co-Chair
Senate Finance Committee
State Capitol
Juneau, Alaska 99801

Re: Support for SB 88 – Alaska Native Medical Center Housing

Dear Senators Meyer and Kelly:

Chugachmiut strongly supports passage of SB 88, which will bring construction of a 170 bed residential housing facility on the campus of the Alaska Native Medical Center.

As part of the Alaska Tribal Health System network, Chugachmiut sends patients whose medical needs are beyond our capacity into Anchorage for specialty clinic appointments and hospitalization. Coordination of patient appointments includes planning for travel and housing. With limited capacity at the current Qujana House and the challenge of placing people who travel into local hotels, dependent on taxi services, our region strongly supports construction of the on-campus facility.

Campus housing for the tribal health system will ease the anxiety of elders who must travel into a large strange city, especially those for whom English is a second language. With kitchen facilities, extended family will be able to visit and share traditional foods.

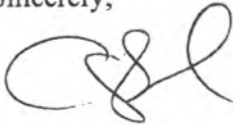
For the high risk prenatal mother who can spend several weeks waiting to delivery her baby, campus housing will provide a closer community feel than a hotel, and they will have the added bonus of being close to the hospital when they deliver, supplemental prenatal education and supports.

Patients who can be discharged from the hospital but need follow-up care before returning to their home village will benefit from being on campus, close to the services they need. Our trauma patients receive outstanding care at ANMC, but trauma patients often need post-

hospitalization rehabilitative services. Patient recovery times are faster when the patient receives the prescribed follow-up on the prescribed schedule.

If you have questions concerning Chugachmiut's position in support of this bill, please feel free to contact me at (907) 334-0153 or via email at jan@chugachmiut.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'AJV', with a large, stylized initial 'A' and 'J'.

Angela (Jan) Vanderpool
Executive Director