April 4, 2019

Representative Ivy Spohnholz
Alaska State Capitol, Room 421
Juneau, Alaska 99811-0001

Subject: ACoA Letter of Support, HB 114

Dear Representative Spohnholz:

The Alaska Commission on Aging (ACoA) is pleased to offer support for HB 114, authored by you. This legislation seeks to build Alaska’s workforce enhancement program using the SHARP 3 model to expand the number of healthcare professionals in our state using financial contributions from employers and other private contributors with no State General Funds. This model, similar to the vaccine assessment program implemented by the Division of Public Health, utilizes a successful public/private partnership business model to improve the recruitment, retention, and distribution of health care professionals in Alaska.

Alaska’s population is aging. Alaskans age 65 years and older number 87,304 in 2018 representing almost 12% of the state’s population (DOLWD Research and Analysis 2018). Access to health care is consistently identified as the #1 priority for Alaskans age 55 and older in surveys conducted by the Commission. In comparison to other age groups, seniors have a higher need for healthcare services. Many live with chronic health conditions and others have co-occurring medical and behavioral health disorders. Seniors who are insured by Medicare, particularly those who live in the Railbelt area, are often hard-pressed to find a physician who will accept their Medicare coverage. The demand for physicians and other health care providers is growing statewide. This increase in demand coincides with a large number of health care professionals who are retiring.

Workforce development in health care fields is key to helping older Alaskans increase their health and well-being. SHARP 3 will provide the infrastructure to expand the number and diversity of healthcare providers in Alaska, including geriatrics, dentistry, and psychiatry which are areas of significant need for seniors. SHARP has always focused on enhanced healthcare access for our State’s underserved populations. SHARP clinicians must at least accept Medicare, Medicaid, and federal health beneficiaries. SHARP’s acceptance of Medicare patients is of special relevance to older Alaskans and to the Commission on Aging. Based on data provided by the Division of Public Health, SHARP practitioners provided approximately 87,900 care visits to Medicare patients between 2014 and 2018. Further, SHARP pharmacists serviced an estimated 52,900 prescriptions for Medicare patients (Analysis of SHARP Quarterly Work Reports, Division of Public Health 2019).

The Commission supports passage of HB 114 to expand the loan repayment program for health care professionals, enhance opportunities for partnership funding, and increase the number of practice-types in
high-need healthcare settings in a cost effective manner that requires no State funding. Thank you for your leadership on HB 114 to continue the momentum of SHARP and its workforce development efforts in Alaska.

Sincerely,

Gordon Glaser
Chair, Alaska Commission on Aging

Sincerely,

Denise Daniello
ACoA Executive Director