

2015 HOUSE FINANCE AND TAXATION

HB 1282

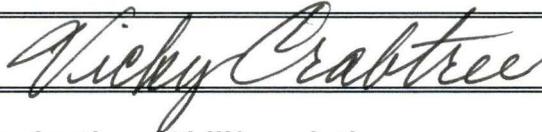
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1282
1/21/2015
Job #22291

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason or introduction of bill/resolution:

Provide and appropriation to the Department of Commerce for health care workforce needs in rural areas.

Minutes:

Testimonies 1-20

Chairman Weisz opened the hearing on HB 1282.

Rep. Holman: Introduced and supported HB 1282. (See Testimony #1)

Denise Andress: Registered nurse testified in support of the bill. (See Testimony #2)

10:38

Joelean Lowman: A medical careers teacher testified in support of the bill. I've worked with ND AHEC in a number of projects in a high school setting of the past few years. AHEC has provided many learning opportunities to help students develop and expand their interest in health careers and encourage them to pursue a career in medicine. ND AHEC has been a wonderful support to the medical careers programs over the past years. They have assisted with many hands on days to expose students to a variety of health careers. Opportunities AHEC has provided to our students have included experiential activities in dental health, first aid, CPR, surgical skills, IV's, and injections to name a few. ND AHEC has also to bring HOSA, future health professionals to the State of ND. This is a beneficial organization for students interested in pursuing a career in medicine. This organization helps build leadership skills necessary in health care workers. There is currently a shortage of health care workers in ND. And ND AHEC through educational programming and HOSA are working to build a future workforce in health care in the State of ND. I urge a Do Pass on 1282.

Abby Kaseman: Read the Testimony of Heather Frey. (See Testimony #3)

Jessica Stair: State President of ND HOSA testified in support of the bill. (See Testimony #4)

Lynette Dickson: Associate Director of Center for Rural Health, UND gave information about the bill. (See Testimony #5) She also read testimony of Dr. Catherine Houle. (See Testimony #6)

Chairman Weisz: How much federal funding have you received?

Dickson: We have received since 2008 over \$2.5 million.

Chairman Weisz: And most recently?

Dickson: \$344,000 in the last year.

Chairman Weisz: How does that compare to what you received in 2008?

Dickson: It went down by about \$150,000. The way the federal grant is designed is they put more money on the front end to build, hire, set up the centers and as they are established the funding goes down. The eastern AHEC this year only received \$75,000 from the federal government. That has a required one to one match. Any funding we get goes toward that federal match.

Rep. Rich Becker: In rural health there's an outreach of medical facilities. Does that program come under direction?

Dickson: Yes, I oversee that. We have done a significant amount of community health needs assessment around the entire state and Ken Hall and Karen have been involved in that for several years. The IRS through the Affordable Care Act required non-profit hospitals to do community health needs assessments, so we utilized our federal grants to support going out and doing those assessments. We completed 21 of the 36 rural hospitals. We developed a website and created a composite report map and fact sheets. One hospital reported a workforce shortage as one of their top areas.

Rep. Porter: On the budget sheet that is in the packet, can you run through that? Was there a request through the medical school in the budgeting process to fund this program? Did it meet their priorities?

Dickson: As far as being included in the school of medicine budget; the federal grant came through the Center of Rural Health. It is workforce related and works in compliment to the work health care workforce initiatives of the school of medicine. We didn't have discussion about adding it to the school of medicine budget. Not because it doesn't meet the needs because we work hand in hand with dean's health care workforce initiatives that he has spoken to a number of times on the number of ways we are addressing the health care workforce shortages. We didn't think it appropriate to include it and didn't request it be included in the higher education budget. Keeping it local and having support from our two regional centers in Hettinger and Mayville and having the funding as a standalone. We were hoping that it would be in the Governor's budget. The Dept. of Commerce did include it, but it was removed. The budget sheet in the folder, these are proposed. We have three budgets. The eastern and the western and our program listed here. The program would be that the university office at the Center of Rural Health and that would be a portion of my time to oversee the program and our finance people to administer the grant. We have two projects that we support; a portion of the cost and a workforce specialist, Stacey Kusler

who has a portion of her salary supported by this grant and a portion from other funding. She works hand and hand directly in rural facilities like Rugby to help them do recruiting. She is not a paid recruiter. She works on behalf of (inaudible) AHEC. That is the personnel line for the program office.

Rep. Porter: What does UND charge the program to administer the grant?

Dickson: The University of ND has an indirect for a non-research grant and we are around 36%. Indirects are percent off the total grant we receive. There is a formula for that and then a percentage of each one of indirects go to UND, School of Medicine, Center Rural Health.

Rep. Porter: Inside of this \$1,000,000 you are asking for, then does that as a grant have to flow through that same formula and UND takes 36% of it?

Dickson: The dollars as presented in the bill would be administered through the Department of Commerce. It wouldn't be administered through the Center of Rural Health. A subcontract from Dept. of Commerce would go for the dollar amount to each of the facilities and they are reimbursed on the cost reimbursement.

Chairman Weisz: The bill doesn't say allocate any money to the Dept. of Commerce to do their administration. You are taking the full million dollars that is appropriated.

Rep. D. Anderson: Do you have any idea of the number of people you will need currently and down the road?

Dickson: We recently did a statewide workforce survey; I don't have all the numbers for you. But, just in our workforce the highest need is nurse's assistance, (CNAs), physician's assistance, and computer techs. I'd be happy to come back and testify to those numbers in the future.

Rep. D. Anderson: If you could just e-mail me or the committee those numbers.

Denise Andress: I will wrap up so you can go onto your next meeting. The last testimony is from Dr. Bill Krivarchka, Director of the Eastern ND AHEC (See Testimony #7) His testimony is based on the economic impact of what physicians and medical providers give to our rural ND. We do have a chart (See Attachments #8, #9, and #10). When you look at our budget in the state, for health care spending in ND is 2.42 billion dollars. The million dollars is only .04% of that. If you look at the UND systems budgets that total is 3.4 billion dollars which is only .03% of that. Right now in rural ND we do not have resources to get those kids accept for the AHECs to do it. We have medical careers on IVAN network, but we don't have those mentors onsite with those children to help them choose a health care profession. We are trying to get them certified and in the workforce and working with clinical rotations. (Denise Andress started reading from Bill Krivarchka's testimony.)

38:29

Rep. Mooney: Thank you for the testimonies. Are we accomplishing the goal of getting people into the educational fields we need them to be in?

Andress: We are. Good programs like HOSA and with the expansion of AHEC and the million dollars, there is an opportunity to extend that into college. The kids will go into their local HOSA chapters and if they choose to go to college their HOSA chapters will be at that college level. HOSA is not just the nursing association it brings all of those groups of medical professionals together. On the federal level how we are evaluated is that the government is saying, we have given you this money and how do you know this is working? For every activity we track them with, we look at how that activity has impacted their decision to become a health care provider and where they decide to live. With HOSA when you target those students we are tracking them every step of the way.

Rep. Mooney: Is HOSA funded through AHEC?

Andress: Yes.

Megan Oase: A nurse practitioner testified in support of the bill. (See Testimony #11)

NO OPPOSITION

Chairman Weisz closed the hearing.

Handed In Testimonies In Support

Dr. Jeffrey E. Hostetter #12

Darold Bertsch, CEO to Sakakawea Medical Center #13

Christopher Schauer, PhD #14

Julie Traynor, MS,RN #15

Bleaux Johnson, DVM #16

Dr. Jenna Innes, Veterinarian #17

Rachel M. Fearing, MSIII #18

HANDOUT #19

Letters of Support Attachment #20

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1282
2/9/2015

- Subcommittee
 Conference Committee

Amanda Muscha

Explanation or reason for introduction of bill/resolution:

Provide and appropriation to the Department of Commerce for health care workforce needs in rural areas

Minutes:

Chairman Weisz: Opens discussion on HB 1282

Representative Porter: I understand what they are saying when they are out there in the middle of the recruiting process and doing the things they ask us to help with. There are a lot of things that changed as our budgeting process moves on. This did not make the cut for the governor's budget and it doesn't seem there is much money in the general fund, so I would move a do not pass.

Representative Becker: Seconds the motion.

Chairman Weisz: Someone can refresh me. Who was the most likely organization that would be receiving this fund? Oh yea, they wanted to expand their services from where they were.

Representative Fahr: AHEC covers the whole state. In terms of rural areas, for example, they don't do Minot and Bismarck and major cities but they cover the rest of the state, primarily providing education and assistance relating to recruiting medical folks, training medical folks in rural areas. This is a good program and I don't think we want to lose funding for it. I understand it is difficult to get things to appropriations but this is a critical program for growing our medical folks in rural areas.

Representative Becker: To carry on what was just mentioned: remembering the testimony from when they were here, there is a doctor and health care shortage in the western part of the state, and trying to attract people, what can across to me is they can't do it with the budgets they have. My question is, could this bill be one that we mark it, if appropriations open up at some point, this bill could be considered for funding? Right now we probably won't get anything but there is a high enough importance isn't there a way that we could reduce the amount and put some tracking feature on it?

Representative Seibel: I have to support this bill. It has been good for my area and they have all used AHEC with great success.

Representative Porter: The program is up and running. The sheet they handed out explains what the additional funding would go towards and this is the program that UND is charging 36% of the total dollars to administer the program. I don't think anybody denies the fact that it is a good program. I think as we deal with a 40% reduction in the governor's budget based upon revenue projections that this program is good and won't go away. It still has funding. It just won't make the cut in the next two years. It will still be there and functional in two years. It just will not see the increase that they are asking for.

Representative Mooney: I would mirror what they others have stated. We look for success stories in our investments and this has been one of them. I realize our oil prices have changed but I also know that as a state we are not broke yet either. I would like to see how we could keep this alive.

Chairman Weisz: The bill is only money because we already have something in place. We are not establishing anything and I am open to suggestions. Anything outside of the governor's budget becomes a struggle, but now when the governor's budget becomes generous under the new realities it does become a question. We do have a motion in front of us. The only thing you can do with this thing is cut the money.

Representative Mooney: I prefer to try to save it as opposed to roll over and die.

Representative Kiefert: With the other bill to help with the education on that part of it, I think we would be better off putting our money there, so either, or I would rather see the education go forward than this.

A Roll Call Vote Was Taken: Yes 5, No 8, Absent 0

Motion Fails

Representative Mooney: Moves to adopt the amendment

Representative Anderson: Second

A Voice Vote Was Taken: All in favor

Motion Carries

Representative Mooney: Do pass as amended with referral to appropriations

Representative Fehr: Second

A Roll Call Vote Was Taken: Yes 9, No 4, Absent 0

Motion carries

Representative Mooney will carry the bill

15.0325.01001
Title.02000

Adopted by the Human Services Committee

February 9, 2015

[Signature]
2/10/15

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1282

Page 1, line 5, replace "\$1,000,000" with "\$500,000"

Re-number accordingly

Date: 2-9-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1282

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Rep. PORTER Seconded By Rep. Rich Becker

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney		✓
Vice-Chair Hofstad	✓		Rep. Muscha		✓
Rep. Bert Anderson		✓	Rep. Oversen		✓
Rep. Dick Anderson		✓			
Rep. Rich S. Becker		✓			
Rep. Damschen	✓				
Rep. Fehr		✓			
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel		✓			

Total (Yes) 5 No 8

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:
motion fails

Date: 2-9-15
 Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1282

House Human Services Committee

Subcommittee

Amendment LC# or Description: See below

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Mooney Seconded By Rep. D. ANDERSON

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson	Voice Vote				
Rep. Rich S. Becker					
Rep. Damschen	Motion Carried				
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

*page 1 lines
 replace \$1,000,000 with \$500,000*

Date: 2-9-15
 Roll Call Vote #: 3

2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1282

House Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0325.01001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider

Motion Made By Rep. Mooney Seconded By Rep. Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz		✓	Rep. Mooney	✓	
Vice-Chair Hofstad		✓	Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen		✓			
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter		✓			
Rep. Seibel	✓				

Total (Yes) 9 No 4

Absent 0

Floor Assignment Rep. Mooney

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1282: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (9 YEAS, 4 NAYS, 0 ABSENT AND NOT VOTING). HB 1282 was placed on the Sixth order on the calendar.

Page 1, line 5, replace "\$1,000,000" with "\$500,000"

Renumber accordingly

2015 HOUSE APPROPRIATIONS

HB 1282

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1282
2/13/2015
23866

- Subcommittee
 Conference Committee

Committee Clerk Signature

Mary Brucher

Explanation or reason for introduction of bill/resolution:

Provide an appropriation to the department of commerce to address healthcare workforce needs in rural areas of the state.

Minutes:

No attachment

Robin Weisz spoke as Chairman of Human Services Committee on HB 1282: This was brought forward by Health Education Consortium. Their purpose is to try to get high school students interested in health care professions.

Chairman Jeff Delzer: You say high school but I remember last year they were going after third graders.

Representative Weisz: Their jobs are to get young people interested in the health care profession from certified nursing assistants to doctors. They have establishments in Mayville and Hettinger. This would give them additional money to help them expand their programs.

Chairman Delzer: Did you ask them for their budget?

Representative Weisz: Yes. I just have to find it.

Chairman Delzer: When you find it you can give it to Representative Kempenich and then we can discuss it. The bill was put in at \$1 million but you reduced it to \$500,000?

Representative Weisz: Yes. They gave us a budget to show why they wanted the million dollars but we reduced it down to \$500,000.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

HB 1282
2/17/2015
24013

- Subcommittee
 Conference Committee

Armanda Muscha

Explanation or reason for introduction of bill/resolution:

Provide an appropriation to the department of commerce to address health care workforce needs in rural areas of the state

Minutes:

Chairman Delzer: Opened hearing on HB 1282. I think there was some discussion yesterday about this being a case where maybe the nursing schools and the professions should be working harder at getting it done themselves. I understand this has been a service that has been out there. I am not sure if we did not fund it again if it would stop or not. I doubt it would but that is what we will have to decide.

Representative Holman: There was a question on budget the other day and I would rather than throw the whole budget at you, I know the concern might be that they wanted a dollar for dollar match and so there is an eastern and a western. The eastern AHEC raised 229,340 dollars of other funds. We gave them 400,000 for the two that was a dollar for dollar match. The western one raised 381,504 dollars. So 610,000 dollars of other funds was raised to go along with the 400,000. Yes they are involved in a nursing bachelor's degree program which works together with colleges and other places. That has been one of the big issues over the last year, tying in with Mayo state and also with Devils Lake. I think Williston and maybe Bismarck are involved also. There are doing outreach and it is an online training which gives works people who are not qualified gets them a bachelor of nursing degree. That is part of it along with the high school and junior high school programs that we mentioned earlier. I guess I am saying they were asked to do a match and they have done that.

Chairman Delzer: Do you have any information on their outcomes? Not the fact that they raised the match.

Representative Holman: I do. I would rather condense it before I give it to the committee.

Chairman Delzer: If we want to do this is 500,000 the right amount or should we have an even larger match on this? We have a number of places with our situation where we may well be upside down after crossover. Do we really want to invest this much?

Representative Kempenich: This is aimed more at the rural side of the medical field and not so much the urban areas of the recruitment. If money is one thing I think it shows some support for this organization. For one thing I think they have been, as far as outcomes go, making a difference in getting people to come into the field from other areas. If money is an issue we could drop it down and go that route because they do have some stability. They do have some of the local hospitals supporting them. It is just something more that helps.

Representative Skarphol: Maybe Representative Holman or Kempenich can remind us, was this not a federal initiative originally? If it was, is there still federal money going into it? If so, how much?

Representative Kempenich: There is federal money running into this. It does ratchet down over a period of years. The western side is still receiving a good amount of federal money while the eastern side is receiving the other side that is getting lower. I know it gets down to about 60-70 thousand a year when they get in the maintenance phase of this with the federal money. I think on the other side I think it is around 1 million dollars that they do get when they are starting up their programs.

Chairman Delzer: Representative Holman do you have numbers on how many people we are hiring?

Representative Holman: They basically have two people as far as hiring. They have two at each site.

Chairman Delzer: Strictly by the federal government?

Representative Holman: No. It is part of the overall package. The federal money that is going down is they will lose 76,500 dollars. They have supplemented that like it was mentioned with some money. They work with the center for rural health and also at UND which I don't see a lot of money on there but I see support and organization. The Brehmer foundation has one of the sources of funding. The eastern one got 76,000 plus from Brehmer and the one in the west got 50,000 and I would guess they hopefully could continue that.

Chairman Delzer: I would hope that we would look at if we do want to keep it alive that we would look at reducing the money considerably. I don't know if I could support I because there is a question of how many times do we replace the federal government money when it goes away but that is an issue for me to decide when the vote comes up.

Representative Hogan: How many years have we been putting general funds in the program?

Representative Holman: Two, last time was the first.

Representative Hogan: We put 400,000 in?

Representative Holman: I thought it was 500,000?

Chairman Delzer: The last time was 400,000 and the request was higher. This year the request was for a million and it was amended down to 500,000 in the policy committee before it got here.

Representative Kempenich: I would move to amend it to 200,000 instead of 500,000.

Representative Schmidt: Second

A Voice Vote Was Taken: Motion carries

Representative Kempenich: Moves a do pass as amended

Representative Sanford: Second

A Roll Call Vote Was Taken: Yes 13, No 9, Absent 1

Motion carries

Representative Holman will carry the bill

SL
2/18/15

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1282

Page 1, line 5, replace "\$500,000" with "\$200,000"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment reduces the general fund appropriation in the bill from \$500,000 to \$200,000.

Date: 2/17/15

Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1282

House Appropriations Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By: Kempenich Seconded By: Schmidt

Representatives	Yes	No	Absent	Representatives	Yes	No	Absent	Representatives	Yes	No	Absent
Chairman Jeff Delzer				Representative Nelson				Representative Boe			
Vice Chairman Keith Kempenich				Representative Pollert				Representative Glassheim			
Representative Bellew				Representative Sanford				Representative Guggisberg			
Representative Brandenburg				Representative Schmidt				Representative Hogan			
Representative Boehning				Representative Silbernagel				Representative Holman			
Representative Dosch				Representative Skarphol							
Representative Kreidt				Representative Streyle							
Representative Martinson				Representative Thoreson							
Representative Monson				Representative Vigesaa							

Totals

(Yes)	
No	
Absent	
Grand Total	

Voice Vote Carries

Floor Assignment: _____

If the vote is on an amendment, briefly indicate intent: _____

lower from \$500,000 to \$200,000

Date: 2/17/15
 Roll Call Vote #: 2

2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1282

House Appropriations Committee

Subcommittee

Amendment LC# or Description: 15 0325.02001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By: Kempernich Seconded By: Sanford

Representatives	Yes	No	Absent	Representatives	Yes	No	Absent	Representatives	Yes	No	Absent
Chairman Jeff Delzer		✓		Representative Nelson	✓			Representative Boe	✓		
Vice Chairman Keith Kempenich	✓			Representative Pollert		✓		Representative Glassheim	✓		
Representative Bellev		✓		Representative Sanford	✓			Representative Guggisberg	✓		
Representative Brandenburg	✓			Representative Schmidt	✓			Representative Hogan	✓		
Representative Boehning	✓			Representative Silbernagel		✓		Representative Holman	✓		
Representative Dosch		✓		Representative Skarphol		✓					
Representative Kreidt		✓		Representative Streyle			A				
Representative Martinson		✓		Representative Thoreson	✓						
Representative Monson	✓			Representative Vigasaa		✓					
	<u>4</u>	<u>5</u>	<u>0</u>		<u>4</u>	<u>4</u>	<u>1</u>		<u>5</u>	<u>0</u>	<u>0</u>

Totals

(Yes)	<u>13</u>
No	<u>9</u>
Absent	<u>1</u>
Grand Total	<u>23</u>

Floor Assignment: Holman ✓

If the vote is on an amendment, briefly indicate intent: _____

REPORT OF STANDING COMMITTEE

HB 1282, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 9 NAYS, 1 ABSENT AND NOT VOTING). Engrossed HB 1282 was placed on the Sixth order on the calendar.

Page 1, line 5, replace "\$500,000" with "\$200,000"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment reduces the general fund appropriation in the bill from \$500,000 to \$200,000.

2015 SENATE HUMAN SERVICES

HB 1282

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1282
3/9/2015
24496

- Subcommittee
 Conference Committee

Committee Clerk Signature

Donald Mueller

Katie

Explanation or reason for introduction of bill/resolution:

A bill to provide an appropriation to the department of commerce to address health care workforce needs in rural areas of the state.

Minutes:

Attach #1: Testimony by Denise Andress
Attach #2: Testimony by Jessica Stair
Attach #3: Testimony by Heather Frey
Attach #4: Testimony by Blake Crosby
Attach #5: Testimony by Dr. Jenna Innes
Attach #6: Testimony by Lynette Dickson
Attach #7: Testimony by Bill Krivarchka
Attach #8: Additional Written Testimony
Attach #9: ND Area Health Education Center Budget
Attach #10: ND AHEC Letters of Support

Definition: (ND AHEC) North Dakota Area Health Education Center

Denise Andress: Testified in favor of HB 1282. See attachment #1 (ends 6:16)

Senator Howard Anderson, Jr.: Do we have any data of what we have accomplished with the \$400,000 in last biennium.

Denise Andress: We have reached over 4,000 people, more people in clinical rotations, also started the HOSA program, well over 200 in HOSA that are dedicated to health care. We are able to track those students and see if they return to rural.

Senator Howard Anderson, Jr.: Would we be better to put these dollars in the loan repayment in HB 1396.

Denise Andress: It depends on what loan repayment. What we have found in the rural rotations, they may not want to go to the rural areas. When there is an incentive, it helps. Building momentum and going back to other students about the experience they are getting, even in the western part of the state.

V. Chairman Oley Larsen: On the same line, the inception has gone, the populations that we've touched, what is the data of how many are in the rural settings. Is there data

showing that these folks are going to the rural areas, or is it just the intern process and ending up in larger locations.

Denise Andress: Only been around since 2008. We are building the data from that. We track as long as we can keep finding the student after the fact. Because HOSA is so new, we have added the component where are you going to high school, what to do when you grow up, go to college, where to practice when done. HOSA is new, only 2 years old.

V. Chairman Oley Larsen: Is this an organization that incorporates the SKILLS USA program or parallels that program?

Denise Andress: It parallels. They can compete in both. Skills USA have other areas beside medical. This is the first year that we are not having conference with SKILLS USA. It has gotten so large that there is not enough room. Skills USA is not in every community in the state, so we are trying to get HOSA statewide. Hope to see it work side-by-side.

Representative Kempenich: Spoke - it is facilitating something that doesn't happen in a vacuum.

Senator Dever: Previously was \$1,000,000 and it was taken down to \$200,000 in House.

Representative Kempenich: Landscape has changed significantly since introduction. It is something they want to move forward, even with the funding cuts. It does show support from the state for healthcare and to facilitate the conversation.

Chairman Judy Lee: It's a specialty everywhere.

Representative Kempenich: Yes. Emergency response is also getting stretched, and many of these are volunteers.

Chairman Judy Lee: What do we have in this year's budget?

Representative Kempenich: \$400,000. So House is dropping to \$200,000.

Casandra Andress: North Dakota HOSA. See attachment #2. Read testimony of Heather Frey. See attachment #3. (20:35)

Blake Crosby, Executive Director of the North Dakota League of Cities, testified IN FAVOR of HB 1282. See attachment #4. (21:47-26:00)

Senator Dever is the involvement of Department of Commerce simply as a pass-through

Blake Crosby: I do not know.

Representative Holman, District 20, testified IN FAVOR of HB 1282 (27:50). He has seen the good details of this prior legislation and strongly encourages it.

Senator Howard Anderson, Jr.: Is there some kind of language that the approps are talking about, so if we want more money in, there is some standard language that if revenue comes in, we could be put money in.

Representative Holman: Has not been privy to that information.

Representative Kempenich: This will be where the whole debate goes after March 18th, some type of trigger. There is going to be some standard, based on future revenue and triggers.

Senator Howard Anderson, Jr.: The point if we do save 5 days, we don't want to rehear every bill. The point is if we pass this now, it is done, so it would be good to have language for the trigger.

Representative Kempenich: That will be the broader discussion regarding the funding. After March 18, there will probably have some standard language. (37:00)

Senator Dever: The March 18th is nine days away, should we be changing the number to have conversation later?

Representative Kempenich: They had \$400,000 in the budget, and we are ratcheting down. Rather doubt that March 18th numbers are going to be any better than today. (39:00)

Dr. Jenna Innes: Testified IN FAVOR of HB 1282. See attachment #5. (39:00-41:15)

Lynette Dickson: Testified IN FAVOR of HB 1282. See attachment #6. (41:15-44:30)

Bill Krivarchka: Director of the Eastern North Dakota Area Health Education Center, testified IN FAVOR of HB 1282. See attachment #7. (44:30-51:40)

Written testimony was also provided by the following (See attachment #8)

- **Joelean Lowman**, Medical Related Careers Instructor, Bismarck High Schools
- **Dr. Cathy Houle**, West River Health Services
- **Dr. Jeff Hostetter**, Program Director UND Center for Family Medicine Bismarck
- **Darrold Bertsch**, CEO Coal County Community Health
- **Christopher Schauer**, Chairman of Board Western North Dakota AHEC
- **Julie Traynor**, Director Dakota Nursing Program
- **Dr. Bleaux Johnson**, DVM West River Veterinary Clinic
- **Rachel Ferring**, University of North Dakota School of Medicine
- **Megan Oase**, Nurse Practitioner West River Health Services

The North Dakota Area Health Education Center (AHEC) Budget was distributed (See attachment #9)

Letters of support were provided (See attachment #10)

OPPOSITION TO HB 1282

No opposing testimony

NEUTRAL

No neutral testimony

Closed Public Hearing.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1282
3/10/2015
24618

- Subcommittee
 Conference Committee

Committee Clerk Signature

Ronald Mueller

Explanation or reason for introduction of bill/resolution:

A bill to provide an appropriation to the department of commerce to address health care workforce needs in rural areas of the state.

Minutes:

"Click to enter attachment information."

These are minutes of the Senate Human Services Committee work on March 10, 2015 at 3:30 p.m.

The committee discussed the House cuts, to \$200,000. **Senator Warner** indicated he is willing to put the dollars higher so they don't lose what they currently have funded, which is \$400,000. The appropriation of this bill started at \$1,000,000, was decreased to \$600,000, to \$400,000, and now to \$200,000.

Senator Warner moved the Senate Human Services Committee DO AMEND HB 1282 to increase the fund request to \$600,000. The motion was seconded by **Senator Axness**.

Discussion

Chairman Judy Lee reviewed the prior requested amounts.

V. Chairman Oley Larsen asked where the two regional centers were located.

Chairman Judy Lee indicated in Mayville and Hettinger, and they each carry their side of the state.

Roll Call Vote TO AMEND

5 Yes, 1 No, 0 Absent. Motion passes.

Senator Warner moved the Senate Human Services Committee DO PASS AS AMENDED and Re-Refer to the Appropriations Committee. The motion was seconded by **Senator Howard Anderson, Jr.**

Discussion

V. Chairman Oley Larsen stated this is in the high schools and junior high schools. It is similar to SKILLS USA, and they help areas that Skills USA do not get into. The two regional facilities are doing well with those two facilities, but he believes the smaller schools in his district are getting limited outreach support. They receive flyers, and would expect to get more than the flyers.

Chairman Judy Lee asked if Skills USA is more developed in those areas.

V. Chairman Oley Larsen answered the Skills USA is not in the smaller schools, but expects that the small schools would get more than flyers.

Chairman Judy Lee stated that on the east side of the state, there is great outreach and support; hustle, including the smaller schools.

V. Chairman Oley Larsen this has to be about a 6 year old program.

Roll Call Vote to DO PASS AS AMENDED AND RE-REFER

5 Yes, 1 No, 0 Absent. Motion passes.

Senator Axness will carry HB 1282 to the floor.

15.0325.03001
Title.04000

Adopted by the Human Services Committee

March 10, 2015

TM
3/11/15

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1282

Page 1, line 5, replace "\$200,000" with "\$600,000"

Renumber accordingly

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. HB1282**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0325.03001 Title 04000

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Sen Warner Seconded By Sen Axness

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)		✓	Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 5 No 1

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES**
 BILL/RESOLUTION NO. HB 1282

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0325.03001 Title 04000

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Sen. Warner Seconded By Sen. Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)		✓	Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Sen. Axness

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1282, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS and BE REREFERRED to the Appropriations Committee (5 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1282 was placed on the Sixth order on the calendar.

Page 1, line 5, replace "\$200,000" with "\$600,000"

Renumber accordingly

2015 SENATE APPROPRIATIONS

HB 1282

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1282
3/19/2015
Job # 25157

- Subcommittee
 Conference Committee

Committee Clerk Signature

TAMMISON for Rose Laning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the Department of Commerce to address health care workforce needs in rural areas of the state.

Minutes:

Attachment 1 Denise Andress
Attachment 2 Bill Krivarchka

Legislative Council - Sheila Sandness
OMB - Tammy Dolan

Co-Chairman Krebsbach called the committee to order on HB 1282.

Denise Andress, Director of the Western North Dakota Area Health Education Center, testified in favor of HB 1282. (Testimony - Attachment 1) (05:46)

Senator Carlisle asked why this wouldn't just be part of the Commerce Budget instead of a separate bill.

Senator Krebsbach asked if this has been in the commerce bill in the past. Was it in the current biennium?

Al Anderson answered that it is in their budget for this time but not in their bill.

Senator Krebsbach stated that she didn't know where the funding came from in the past.

Ms. Andress provided information that in the last biennium they received supportive funding from the state otherwise it has been federal funds. They have also had some private foundation dollars that have supported their program.

Senator Robinson said that earlier they heard from a CEO for a hospital downtown who talked about the challenge of having medical resources where they're needed. Rural hospitals and clinics are struggling and quality of care is a concern because of it. They don't have the personnel they need. There is also a shortage in the Fargo region. The discussion that the CEO shared was that there was the beginning of a discussion of all players in the market about the possibility of developing a system that would somehow get

resources to where they are needed and everyone would have to be working together. He asked if they knew anything about that discussion. Valley City is short three physicians today. They have a new doctor signed two years out from residency. There have actually been people who have moved from Valley City to Fargo because of medical care.

Ms. Andress said that she hasn't heard anything about that. When talking about the shortage of professionals in an urban area the rural area is all the more critical. They're one physician away from not having a hospital or a clinic. Rural areas have excellent healthcare providers. The reimbursement in the rural is not the same as the urban areas. She gave the example of a simple pneumonia being treated in Bismarck or Hettinger and said that the same treatment and care is reimbursed 25% less in the rural area. She explained that AHEC is one more point besides the guidance counselor, the career counselor, or the program through CTE where students are given opportunities and activities in health care by working with the clinics and hospitals. There is an organized HOSA (Future Health Professionals) with chapters for students. They are tracking 191 students to see how to keep them in North Dakota and how to get them into healthcare.

Senator Kilzer asked if this is the same AHEC that was around about 35 years ago.

Ms. Andress replied that it is not the same.

Bill Krivarchka, Director, Eastern ND Area Health Education Center, explained that back in the early 70's there was a program called AHEC but it didn't look anything like what the program is now. It was established and morphed into the four family practice residence centers throughout the state. That was the initial purpose for the AHEC.

Senator Kilzer (13:18) gave a brief history of the different programs over the years - HMO's, RMP's, HSA's, and the AHEC's. He said the current AHEC program doesn't appear to be a continuation of the original program. There are similarities but there are some great differences. It sounded to him like the current AHEC is largely a recruiting effort to attract high school and college students into medical professions and is in the commerce budget. He then spoke about the funding and asked if this has been a state funded program for two years and previously all federal funds.

Ms. Andress explained that in 2008 ND received the first federal funds. This last biennium they received state funds. There are 2 regional centers that cover the entire state, one in Mayville and the other in Hettinger. There has been federal funding at full force at about \$157,000 a year until this year. In August her funding goes down to \$77,000. The one thing the federal government got right about AHEC is that the funding goes thru the school of medicine. 75% of the funding that comes from the feds has to go to the regional centers. Only 25% is kept by the Center for Rural Health for marketing, graphic design, programming, and the advisory board. The funding from the Dept. of Commerce they received last session went 100% to the regional centers.

Senator Kilzer asked why their budget request wouldn't be with the School of Medicine and Health Sciences.

Ms. Andress answered that they don't want to be affiliated with just one school when they get down to the urban areas. It's important that they work at recruiting students from all over the state. Sometimes if the base is out of a large area it looks as if they are working for those urban areas and not the regional centers.

Senator Kilzer said that if they're trying to recruit medical doctors they're increasing the number of applicants, but not the number of students. The medical school is full.

Ms. Andress replied that they need to get kids ready for what's coming in the health care profession. They recruit lab techs, nursing students, physical therapists, veterinarians, veterinarian assistants as well as doctors. It's not all about medical students.

Senator Kilzer thought nursing schools and lab tech schools are pretty much filled, too.

Ms. Andress didn't agree.

Senator Kilzer pointed out that there are plenty of applicants and plenty of students. There aren't enough graduates and practitioners

Ms. Andress said that is what they are working with the universities and colleges to identify, so they can increase those numbers.

Senator Kilzer said he didn't have a problem with their goals but felt their efforts should be more directed to increasing the number of slots for our needs.

Mr. Krivarchka wanted to clarify that he thought there is a distribution problem. There are more than what is needed in some of the urban areas and less than what is needed in our rural areas. The School of Medicine has established 8 slots for medical students who will return to communities of 5,000 or less. Some of the other schools, for example Lake Region State College in their nursing program, have admissions mostly from rural communities. Consequently they have about a 65% return to the rural to fill that workforce.

Senator G. Lee wanted to know how this program got started and how long it has been around.

Ms. Andress replied the federal program is Health Services Resources Administration. The program started in 2008

Senator G. Lee so it's a federal program that is not getting enough federal funds.

Ms. Andress agreed and said that was the beginning and the goal of the funding and they knew that the funding would decrease as time went on. Up until last session there were enough federal or private funds to make it work.

Senator Bowman remembered this testimony from 2 years ago. Evidently the need is still there. He asked if the ultimate goal was that those who are tracked have the opportunity to come back and serve in the rural communities.

Ms. Andress responded that they look at their tracking and evaluation as very important. What they are doing would be fruitless if they didn't know where the kids were going. When students are required to do a clinical rotation most often they don't think about going outside the urban area until that possibility has been mentioned to them. Once they've had their rotation 80% are likely to return back to that area.

Senator Robinson asked if they had an inventory of the existing openings in the medical community across the state of North Dakota.

Ms. Andress didn't have that.

Senator Robinson said they are struggling in Valley City to provide a medical force.

Senator Krebsbach pointed out that the shortage of healthcare professionals is a serious problem. Minot brought in 75-80 Philippine nurses and that comes with a lot of challenges. She felt what is being done is admirable in the fact that they are trying to increase the visibility of the occupations in this field and encourage the young people to consider it. She agreed with Senator Kilzer that the schools are full now. They hear it all the time that they can't take any more nursing students yet the demand is far greater.

Ms. Andress said they need to figure out how to graduate the nurses with as few seats as we have and then keep them here.

Bill Krivarchka, Director, Eastern ND Area Health Education Center (AHEC) testified in favor of HB 1282. (Testimony - Attachment 2) (38:10)

Senator G. Lee said this program has been around since 2008 and it seems like it's only getting worse. He asked what information they could provide that shows their program is having an effect.

Mr. Krivarchka explained their HOSA program started out very small with only 30 and is now up to over 200 kids. The expectation as they continue the program is that they could have 400-500 kids. That creates the interest. He cited instances where they have helped support a veterinary student, a medical lab technician, and numerous CNA's who are now working in rural North Dakota. They have a physician in the program. They are trying to nurture the whole process.

Senator Bowman pointed out that with the growth out west the problem is only going to get worse. There is a huge need - even if they're getting them to the hospital. What are we going to do?

Mr. Krivarchka responded that what's encouraging is that there are so many opportunities in health care to create great jobs with good self-esteem and to help our rural communities. The strength in North Dakota lies a lot in its rural communities.

Senator Krebsbach stated that the same sub-committee as Commerce would be handling this bill. The hearing on HB 1282 was closed.

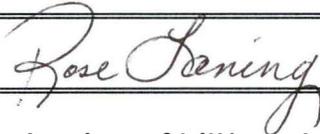
2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1282
3/31/2015
Job # 25660

Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the Department of Commerce to address health care workforce needs in rural areas of the state.

Minutes:

Legislative Council - Sean Smith
OMB - Tammy Dolan

Chairman Holmberg called the sub-committee to order on HB 1282. **Senator Krebsbach** and **Senator Robinson** were also present.

Chairman Holmberg said the bill is a direct appropriation. How does this match up - or is there no match, with the money that is being looked at or the availability of funds in 1176 for at least western ND? Is there anything there for them as far as the amendments? In yesterday's hearing, the amendments handed out by Senator Bowman are pretty close to what will be the final product on 1176. Then there was discussion that if they're in the mix then all the cities should be back in the mix and not just pick one.

Senator Krebsbach: I think the monies that they're looking at for HB 1176 are for critical access hospitals. This bill deals with AHEC which is the organization that tries to encourage young people to get into the health professions where we have such extreme shortages - Mayville and Hettinger.

Chairman Holmberg How does that interface with the Center for Rural Health?

Denise Andress, Director of the Western North Dakota Area Health Education Center: The funds for the area health education center has to go through the school of medicine or a college of nursing and that goes thru the school of medicine. The Center for Rural Health is the AHEC program office. They oversee our programs so they do evaluations, marketing, and website development. Stacy Kusler is the workforce specialist as of September of last year.

Chairman Holmberg: Well, this is 600 that we will have to look at. We're not going to make any recommendation today. Any other questions on this? We will do all three at the same time and meet tomorrow and focus in on the big bill.

Senator Krebsbach: This is being requested to go through the Dept. of Commerce. Did you have anything in AHEC in last session budget?

Al Anderson, Commissioner, Dept. of Commerce: We did. We had \$400,000.

Chairman Holmberg: If we pass or make changes in this, this came to us from Human Services. Was it in Human Services over there originally? (Answer - Yes)

Senator Krebsbach: Did you have anything basic continuation of the bill for that money in this session request?

Justin Dever, Dept. of Commerce: We had \$400,000 requested but the executive budget did not include it.

Cory Fong: To clarify, the original bill came from House Human Services and I don't know if it was the sub-committee or the entire committee that took it from \$1M down to the 2.

Denise Andress: The House Human Services Committee dropped it to \$500,000 and then when it went through the Appropriations, it was dropped to \$200,000.

Chairman Holmberg: Then human services over here added a gazillion dollars and passed the pickle to us. Now we have an idea of the history.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1282
4/9/2015
25987

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the Department of Commerce to address health care workforce needs in rural areas of the state.

Minutes:

No testimony submitted

Chairman Holmberg called the committee to order on Thursday, April 09, 2015 at 2:20 pm . All committee members were present. Sheila M. Sandness, Legislative Council and Nick Creamer, OMB, were also present.

Senator Robinson: The major sponsor of this bill was Representative Holman and we visited with him and he's pleased with that level of funding. The amendment is reduction from 6 to 5, if the committee is ok without having the amendment in front of us, we'll have that amendment before it goes to the floor. Everybody is on board here. If the committee is ok with that I would move a do pass.

Chairman Holmberg: If the committee is ok he is moving for an amendment for the bill to reduce it to \$500,000. The amendment had been requested but not here yet. 2nd by Senator Mathern.

Chairman Holmberg: All in favor of reducing it say aye. It carried.

Senator Robinson moved a do pass as amended on HB 1282. 2nd by Senator Heckaman.

Chairman Holmberg: Call the roll on Do Pass as Amended on 1282.

A Roll Call vote was taken. Yea: 11; Nay: 2; Absent: 0. Senator Axness from Human Services will carry the bill. The hearing was closed on HB 1282.

15.0325.03003
Title.05000

Prepared by the Legislative Council staff for
Senator Holmberg
April 9, 2015

4/10/15
JWE

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1282

In lieu of amendments adopted by the Senate as printed on page 766 of the Senate Journal, Reengrossed House Bill No. 1282 is amended as follows:

Page 1, line 5, replace "\$200,000" with "\$500,000"

Page 1, line 12, after the period insert "The funding provided in this section is considered a one-time funding item."

Renumber accordingly

Date: 4-9-15
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1282

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: reduce to \$500,000

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Robinson Seconded By Heckaman

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Heckaman		
Senator Bowman			Senator Mathern		
Senator Krebsbach			Senator O'Connell		
Senator Carlisle			Senator Robinson		
Senator Sorvaag					
Senator G. Lee					
Senator Kilzer					
Senator Erbele					
Senator Wanzek					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

*voice vote
Carried*

Date: 4-9-15
 Roll Call Vote #: 2

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 1282**

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: _____

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Robinson Seconded By Heckaman

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Heckaman	✓	
Senator Bowman	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator O'Connell	✓	
Senator Carlisle	✓		Senator Robinson	✓	
Senator Sorvaag	✓				
Senator G. Lee		✓			
Senator Kilzer	✓	✓			
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 11 No 2

Absent 0

Floor Assignment Heckaman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1282, as reengrossed and amended: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1282, as amended, was placed on the Sixth order on the calendar.

In lieu of amendments adopted by the Senate as printed on page 766 of the Senate Journal, Reengrossed House Bill No. 1282 is amended as follows:

Page 1, line 5, replace "\$200,000" with "\$500,000"

Page 1, line 12, after the period insert "The funding provided in this section is considered a one-time funding item."

Renumber accordingly

2015 CONFERENCE COMMITTEE

HB 1282

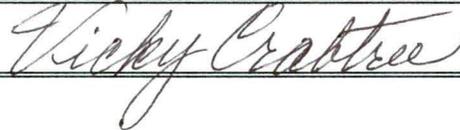
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1282
4/16/2015
Job #26152

Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

Rep. Porter: We will call the conference committee on HB 1282 to order. It's interesting this bill came back to the policy committees to argue since it is all about money inside the AHEC program.

Sen. H. Anderson: I think we put in another figure in there so we could get a chance to talk to you. I am going to ask Sen. Axness to talk about the history and purpose of the bill.

Sen. Axness: It started out at a million and your committee left it at 500 and through the process it was cut to 200 and Senate Human Services kicked it up to 600 and here we have 500,000 and with this session this is one time funding added by the Senate Appropriations. There is a group out in Hettinger or Mott and Mayville trying to get kids interested in health careers and keep them rural. We know there is a workforce shortage and we want to keep the bill moving forward.

Rep. Porter: The program was started out with all federal funds. And it flows through the UND Center for Rural Health. They take 36% of it as administrative expenses which the House policy committee had some concern with. The federal funds have dried up so this is not a one-time deal. This is the new program on-going expenses of what we are being asked to continue.

Sen. Axness: I didn't put that language in there it was the Senate Approps, so I won't go to bat for them either.

Rep. Porter: I think it is hard to argue the purpose behind the program. This is a catch 22 we get put into when something started with federal funds, run through a university and then the federal funds dry up. Then we are asked to take over where the feds left off and that is why you say it at the million dollars which was cut out by the feds. I like the program and what it does. I still have the issue that 36% of it goes administrative expense and not getting to the kids to run the program.

Rep. Seibel: I know this has helped this has helped the clinics in my area and used this program. They would like to see it continue in some form.

Sen. Larsen: I know the person that started the AHEC program. Some were afraid that was going to compete against the Skilled USA folks. I asked one of my schools in Surrey if they have an AHEC deal and do you do any of this. They didn't know anything about it. It seems to me it is just going to these two groups. We need to get the people who are educated at UND and from there when they are done with their training and try to get them to Stanley. If you can't get the federal funding, it's hard for me to keep funding this additional project that is in line with Skills USA.

Rep. Porter: It started out in the House with federal funding grant and it was split east and west. The first go around the state funding was at \$100,000 a year. Then in 2013-2014, 2014-2015 is shows \$200,000 in state funding. There was \$100,000 to the east and \$100,000 to the west and 0 to the program. And the program is where the wages are. The got all of their money for personnel and operating expenses out of HERSA grant and Ado Bremer Foundation grant. The 2015-2016 is when you start seeing the grants are dwindling and they ask for the state funds that are picking up to \$250,000 each year of the biennium to operate the program. On 2015 they are showing \$91,000 to run the program plus \$11,000 for expenses for an annual proposed budget of \$102,000. I understand what you are saying Sen. Larsen that we want to get the money to the kids.

Sen. Anderson: I move the Senate Recede from their Amendments.

Sen. Axness: Second.

ROLL CALL VOTE: 6 y 0 n 0 absent

No bill carriers

Meeting adjourned.

Date: 4-16-15
Roll Call Vote #: 1

2015 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1282 as (re) engrossed

House Human Services Committee

- Action Taken
- HOUSE accede to Senate Amendments
 - HOUSE accede to Senate Amendments and further amend
 - SENATE recede from Senate amendments
 - SENATE recede from Senate amendments and amend as follows
- Unable to agree, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Sen. H. Anderson Seconded by: Sen. Axness

Representatives	4/16		Yes	No	Senators	4/16		Yes	No
Rep. Porter	✓		✓		Sen. H. Anderson	✓		✓	
Rep. Seibel	✓		✓		Sen. Larsen	✓		✓	
Rep. Muscha	✓		✓		Sen. Axness	✓		✓	
Total Rep. Vote					Total Senate Vote				

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier no carrier Senate Carrier no carrier

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

HB 1282, as reengrossed: Your conference committee (Sens. Anderson, Larsen, Axness and Reps. Porter, Seibel, Muscha) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ page 1608 and place HB 1282 on the Seventh order.

Reengrossed HB 1282 was placed on the Seventh order of business on the calendar.

2015 TESTIMONY

HB 1282

#1

House Bill 1282 House Human Services, January 21, 2015

Good Morning Chairman Weisz and members of the House Human Services Committee.

I'm here to introduce House Bill 1282 which provides partial funding for two Area Health Education Centers (AHEC) which together with the Center for Rural Health at UND work with rural young people helping them understand the many employment opportunities that exist in rural healthcare. The Mayville Center was established in 2008 in and the Hettinger in One 2010. The Mayville one serves 28 counties in the east and the Hettinger center serves 25 counties in the West. Dr. Bill Krivarchka operates the one in Mayville and Denise Andress, who you will meet in a couple of minutes operates the center in Hettinger.

I'm one of the lucky ones.

I live two miles from a small town with a critical access hospital, clinic with 2 MD's, NP and PA, optician, chiropractor, community health, nursing home, assisted living and full time emergency services. I live less than an hour away from the major medical centers in Fargo or Grand Forks.

That's not the typical situation in North Dakota. Many of our rural residents lack close access to necessary health care. In many of our small communities, there is a shortage of workers at all levels from MD's to CNA's. Emergency services are often part time volunteers.

AHEC works from the idea that someone who grows up in a rural area understands what it's like to live in a rural area. Getting young people from rural areas into the health care profession and encouraging them to return to a rural area to work is a goal of AHEC.

This bill continues state support for developing a rural healthcare workforce by working through the Department of Commerce.

I As^k your support to continue this valuable service to rural North Dakota.

Any Questions?

I will now turn the podium over to Ms. Denise Andress who will give you some history and specifics about the program.

Rep. Holman

#2

January 21, 2015

Legislative Testimony for House Bill 1282

House Human Services Committee – Chairman, Robin Weisz

Mr. Chairman and members of the committee, my name is Denise Address. I am a registered nurse and Director of the Western North Dakota Area Health Education Center. I am here to testify in support of House Bill 1282.

Thank you for the opportunity to provide testimony regarding the North Dakota Area Health Education Center (AHEC). In the last session, ND AHEC received \$400,000 in state appropriated dollars, administered through the Department of Commerce, to support programming for health care workforce development in North Dakota. As a reminder, the ND AHEC has three core focus areas: Kindergarten through college, rural clinical rotations for health profession students, and continuing education for health care professionals. Each of these core areas is vital for meeting the health care workforce needs of rural North Dakota.

I am excited to share the accomplishments since the last biennium, ND AHEC has:

Reached over 4,140 participants and in every county in ND;

1. Supported health occupation activities for students;
2. Assisted 85 students in rural clinical rotations;
3. Contributed towards continuing education for health professionals; and
4. Increased the number of HOSA-Future Health Professionals student led high school organization chapters from 3 to 9; and student membership grew from 30 to 170 with 10 advisors.

I will highlight three key programs:

HOSA-Future Health Professionals (see handout in folder) is a student led high school organization. It is the ONLY health care specific student organization in the state. Health care is the number 2 employer next to government. As I previously mentioned, we currently are working with 170 students and have begun tracking them as they participate in HOSA activities. We are working with them to identify if they plan to attend college, where they are going to college (in or out of state), what health care career path they are planning on pursuing, and whether they would like to work in primary care or in a rural and/or an underserved area. Currently, in ND there only 34 health care careers instructors in the state. 24 of them are urban, 10 of which are in rural areas. HOSA-Future health professionals program adds a rural health care component that works with rural health care professionals to mentor students. We are excited about this program and the potential it has in adding health care workers, in the future, into the North Dakota workforce.

ND AHEC supports health profession students in existing rural experiences and also assists with arranging rural clinical rotations. More importantly, we work directly with these students to engage them in local activities outside of work. Recruitment of health care providers become easier if they have had the opportunity to 'live local' truly get to know the people and the community environment. Sometimes the activities include, but are not limited, to a volleyball game or even a chili feed fundraiser for the volunteer fire department. We are also tracking these students in an effort to identify what health care related activities they participated in and where they put roots down.

Graduate Medical Education (GME) is an exciting opportunity for ND AHEC to collaborate with our rural hospitals and the UND School of Medicine and Health Sciences to establish a framework to identify the feasibility and potential of expanding rural family residency training. This is one more example of how the ND AHEC is expanding health care programs in rural communities for recruitment and retention.

Our rural areas need health care providers, it is more challenging to recruit providers to rural areas as opposed to the urban areas. North Dakota is an agriculture state, the #1 driver of our economy is agriculture. Our communities that support our farmers and ranchers need health care in their community. In 2022, the number one job in North Dakota and nationally is a Registered Nurse. Our health care workforce needs are being addressed through the ND AHEC. We are working to support the health care workforce needs in the state by coordinating and sharing existing resources and programs and developing new programs, where there are gaps, such as HOSA-future health professionals, rural clinical rotations and Graduate Medical Education.

I understand the fluctuations in oil prices, and food prices; however, most importantly, as a registered nurse I understand and know health care. No matter what the prices are, people will still need to be cared for and ND AHEC supports the health care workforce needs in rural North Dakota that no other agency is doing.

A sincere thank you, for your support in the last legislative session. In order to continue the successful work of North Dakota AHEC, and on behalf of our rural communities, please support House Bill 1282.

Thank you,
Denise Andress, RN, MBA
Director, Western ND AHEC
PO Box 615
Hettinger, ND 58639
Phone - 701.928.0830
Email – denise@ndahec.org

#3

January 21, 2015

Legislative Testimony for House Bill 1282

Mr. Chairman, and members of the committee, my name is Heather Frey, I am here testify in favor of Appropriations Bill 1211 for these reasons:

I urge you to pass Bill 1211 to request funding for North Dakota AHEC. AHEC has been instrumental in the establishment of HOSA – Future Health Professionals student organization in our state. HOSA provides an opportunity for high school students develop leadership skills and it helps them to deepen their desire to pursue a career in a medical field. Many places in North Dakota are already experiencing a health care worker shortage, this is especially true in rural areas. The Bureau of Labor and Statistics predicts that there will be a high demand for nearly all health care workers within the next 10 years. AHEC has partnered with HOSA to help students foster an interest in health care so that we can meet these demands. I have been involved with HOSA for the past three years. Since this time, our chapter has grown from 15 members to 41 members. I have watched students develop leadership skills throughout their involvement as well as foster their passion for pursuing a career in health care. HOSA, which is partnered with AHEC can help alleviate the shortage of health care workers in our state by providing students with these opportunities. Funding of AHEC and HOSA is so important to our students and the future of our state and that is why I urge you to pass Bill 1211. Thank you.

When you have completed your testimony, ask if there any questions and pause. Thank the committee and return to your seat. Further questions may be forthcoming when all testimony has been entered.

Thank you,

Heather Frey
Medical Related Careers Instructor
Bismarck High Schools

#4

January 21, 2015

Mr. Chairman and members of the House of Human Services Committee. We represent the State Officers of HOSA – Future Health Professionals Student Organization.

We urge you to pass Bill 1282 to request funding for North Dakota AHEC. AHEC has been instrumental in the establishment of HOSA – Future Health Professionals student organization in our state.

HOSA has given us many opportunities to not only compete, but expand our knowledge in a whole different aspect. In three years, HOSA has been able to grow not only in numbers, but in quality. The first year HOSA started, we only had thirty students. Now, three years later, HOSA has grown to more than 170 members from all across the state. Through this tremendous growth, we were able to receive a national charter in only two years. HOSA members now all gather for leadership training in the fall, a state competition in the spring, and some being able to advance onto nationals.

HOSA gives students benefits for their futures. They are able to discover many healthcare professions they did not even know existed. It teaches dedication and perseverance through the use of competition. Students are able to use their leadership skills to create new network connections and also to get involved in their communities. HOSA provides real life experiences to help students obtain different scholarships and job opportunities. HOSA is the only student organization that provides healthcare activities.

By voting yes on HB 1282, it will allow HOSA to expand to more rural areas throughout the state. This gives more students the opportunity to participate in this organization. Thank you for your consideration.

Jessica Stair, State President, ND HOSA

Morgan Sterling, State Vice President, ND HOSA

Abby Kaseman, State Secretary, ND HOSA

Cassie Andress, State Treasurer, ND HOSA

Michael Hertz, State Parliamentarian, ND HOSA

5

**Testimony to the House Human Services Committee
Representative Robin Weisz, Chairman
Wednesday, January 21, 2015**

Good morning, Chairman Weisz and committee members. My name is Lynette Dickson and I am an Associate Director at the Center for Rural Health, UND, School of Medicine and Health Sciences (SMHS); and Director of the Area Health Education Center (AHEC). I would first like to thank you, and your fellow legislators, for recognizing the need for the work of the AHEC last legislative session, by approving state funding, administered through the Department of Commerce for programs you have and will hear about today.

As a state employee, I am unable to testify directly in support of this bill. However, as director of the AHEC I would like to provide a brief background of the program. In 2008, the Center for Rural Health was awarded a new AHEC grant through the federal Bureau of Health Professions, Health Resources and Service Administration (HRSA). This federal funding agency requires that AHECs be administered through medical schools (unless there is not a medical school in the state). Today, 554 AHEC programs with more than 225 centers operate across the country. The Center for Rural Health, is designated as the AHEC Program Office. The role of the Program Office is to write, submit and administer the overall federal grant and provide support and guidance to the work of the two regional centers. We have also established a strong working relationship with Mayville State University, who enthusiastically agreed to serve as the fiscal host for both of the regional AHECs managing their subcontracts with the CRH, as well as other funding they receive. Also, important to note – HRSA, the federal funding agency, requires that 75% of the federal funding awarded be allocated to the regional AHEC offices for their work in rural and underserved communities.

As is common in most initiatives, building collaborative relationships is fundamental to success.

The AHEC serves as “the glue” that brings the resources of communities, local health organizations, health providers, schools (e.g. elementary/secondary/post-secondary), and others, to improve health workforce options and opportunities for all North Dakotans. Although we have two separate regional centers that serve the east and the west the North Dakota AHEC is unique in comparison to other AHECs in the country. As a result of the collaborative culture in our state we work together as one program to leverage resources in order to best serve the healthcare workforce needs of the state. This is not the case in many states. The majority of AHECs in other states are stand alone non-profits, and often compete with each other for funding. As you have and will hear today workforce development is multi-faceted and we cannot rely on any one agency, institution or program as THE solution; and need to approach this collaboratively and at various points in the workforce pipeline.

In your packet you will find over 20 letters of support (see list) and testimonies from passionate stakeholders and partners, representing a variety of organizations that speak to the need for and benefits of the AHEC program. I would like to take this opportunity to share two of those testimonies. One, from Dr. Jeff Hotstetter, program director of UND Center for Family Medicine residency program as well as Dr. Cathy Houle, a family medicine physician from United Clinics and West River Health Services, Hettinger.

Thank you for the opportunity to present to you today.

Lynette Dickson, MS, RD, LRD

*Associate Director, Community Outreach and Engagement/Center for Rural Health
Director/Area Health Education Center(AHEC)*

University of North Dakota, School of Medicine and Health Sciences

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701-777-6049 direct / main office 701-777-6779 / cell 218-779-6471

lynette.dickson@med.und.edu

#6

January 21, 2015

Catherine Houle, MD
President of United Clinic Physicians
Site Director Hettinger Rural Training Program

Mr. or Madam Chairman, and members of the committee, my name is Dr. Catherine Houle.

I am submitting written testimony in favor of HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program, on behalf of United Clinics physician and West River Health Services. The North Dakota AHEC focus on providing support across the health care workforce pipeline to address critical health care workforce shortage through distribution diversity supply and quality health care professionals.

As you are aware, the State of North Dakota faces critical shortages in all areas of health care workforce. This ranges from certified nurse assistants, qualified LPNs and RNs, midlevel care providers, such as nurse practitioners and physician assistants, qualified mental health professionals, and, of course, physicians. As a practice that operates in a very rural part of our state we know acutely how important it is to have a good pipeline of students in all of these disciplines who have a strong rural background and an understanding of the needs of rural people. Through our collaboration with the local AHEC in western North Dakota and through our contacts with the Center for Rural Health in the North Dakota AHEC, our facility has in the past been able to have assistance with programs such as the Search Program for undergraduate medical professionals through assistance with our ROME program, which is the rural opportunities for medical education program. In addition, the AHEC in Western North Dakota has been helpful in the establishments of a rural training program in family medicine that will be beginning in Hettinger this next summer. Through their support, we have been able to network with the appropriate agencies and individuals in the state to help with this initiative.

In addition, the AHECs are charged with reaching into undergraduate training and even into the high school and elementary curriculum to try to help steer students with interest and abilities into the health science professions. Locally this effort has taken many forms, most recently with the development of HOSA (Health Occupation Student Association) chapter that was established in a local high school. As a physician, I find this very exciting because it opens the eyes of some of our students to the skills needed for health care careers and also to some of the opportunities available. On a more personal level as the mother of a high school student who is interested in health careers it gives him an opportunity to see his options through the eyes of someone who is not nagging him about his homework.

I really appreciate the services the AHECs offer and I think that they will become a more and more valuable tool as we look to the future meeting some of our critical shortages in health care providers from certified nursing assistants all the way up through specialists.

In closing, I would like to say that United Clinic physician and West River Health Services are please to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern and Western North Dakota Area Health Education Centers. I believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and will help provide quality health for North Dakota.

I appreciate your support of AHEC and hope you will vote yes on HB 1282. Thank you.

Catherine Houle, MD
President of United Clinic Physicians
Site Director Hettinger Rural Training Program

January 21, 2015

Legislative Testimony for House Bill 1282

House Human Services Committee – Chairman, Robin Weisz

Mr. Chairman, and members of the committee, my name is Bill Krivarchka, Director of the Eastern ND Area Health Education Center (AHEC), I am here to testify in favor of House Bill 1282.

The public is well aware of the medical contributions that rural health providers deliver to rural residents but the economic contributions that rural health care provides to the local community are equally important. It is crucial that rural residents have access to quality health care. It is crucial to generate and retain health care services and health care jobs in rural areas.

Currently,

- Of the 11 largest employers in the state of North Dakota, (with state government being the largest employer), the next 10 next largest employers are all related to health care.
- 91% of North Dakota counties have less than the national average of physicians.
- There will be a shortage 200 rural family practice physicians in North Dakota by 2020.
- 50% of rural nurses will retire in the next five years.

Rural Health impact on a community:

- Only about 10% of the physicians practice in rural America, despite the fact that nearly one fourth of the population lives in rural areas.
- Quality rural health services in rural communities are needed for good paying jobs, rewarding employment, “trickle” down local economics, enhance local education, vitality of Main Street, and create and attract business and industry.
- On average, 14% of the total employment in rural communities is attributed to the health sector. (Lisbon, ND, population 2300, has a health care workforce of over 650. Northwood, ND, population 1000, has a health care workforce of 1000, the largest employer in the community).

Rural Primary Care Physician impact:

- One primary care physician in a rural community creates 24.2 jobs annually.
- One primary care physician in a rural community generates \$1.4 million in wages, salaries and benefits.
- One primary care physician in a rural community generates \$1.8 million in total annual revenue.
- The total economic impact of a typical critical access hospital is 195 employees and \$8.4 million in payroll.

How do we attract and retain quality health care in rural North Dakota?

- By exciting students to explore, to study, and to become rural health care providers.
- By assisting colleges and universities to create clinical experience rotations and interprofessional experiences with rural health care organizations, critical access hospitals and rural health providers.
- By supporting continuing education for health care workers in rural areas.
- By creating policy to encourage and support admissions in health care professional education.

[Overview of **THE MILLION DOLLAR NORTH DAKOTA AHEC** insert]

The first AHEC was established in 1972 at Duke University in North Carolina. Their forty two years of evaluation and research has shown that any student “touched” by the AHEC Programs and mission will have an 18% increase in returning to provide health care to rural communities.

An 18% return to rural, would translate to an increase of 11 medical students (1st year class of 60 medical students) of North Dakota’s sons and daughters becoming health professionals who work to improve health care access and economic development in our rural and underserved communities.

The North Dakota AHEC respectfully requests funding of \$1,000,000 to sustain a successful statewide, community-based AHEC infrastructure to support health workforce priorities.

Thank you for your support and I urge “do pass” on House Bill 1282.

Respectfully submitted,

Bill Krivarchka, Director
Eastern ND AHEC
42 6th Ave SE, Mayville, ND
[701.788.4477](tel:701.788.4477)/William.krivarchka@mayvillestate.edu

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#8

THE MILLION DOLLAR NORTH DAKOTA AHEC

North Dakota Health Care spending (*usgovernmentspending.com*)

- 2015—1.16 billion \$\$\$
- 2016—1.26 billion \$\$\$
2.42 billion \$\$\$

North Dakota Department of Commerce/AHEC proposed funding (2015-2017)

- 2015-2016-- \$500,000
- 2016-2017-- \$500,000
\$1,000,000 **.04%**

NDUS funding (2015-2017)-----\$1,061,413,731

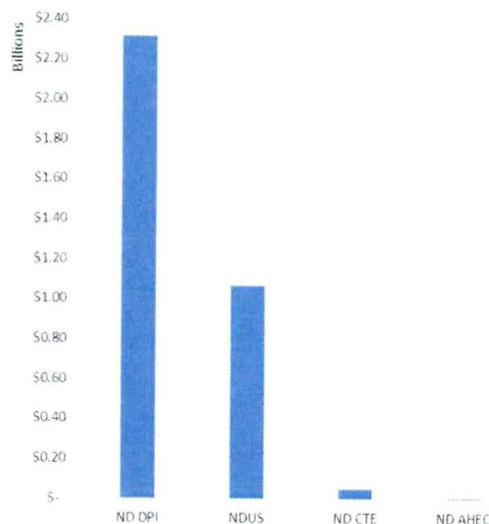
ND DPI funding (2015-2017)----\$2,314,580,673

ND CTE funding (2015-2017)-----\$47,492,974

\$3,423,487,378

North Dakota Department of Commerce/AHEC proposed funding (2015-2017)

- 2015-2016--\$500,000
- 2016-2017--\$500,000
\$1,000,000 **.03%**



NORTH DAKOTA HEALTH CARE WORKFORCE DEVELOPMENT

- K-16—Health career awareness, Scrubs Camps, Scrubs Academy, HOSA – Future Health Professionals
- Rural interprofessional clinical experiences for health profession students
- Recruitment of health care professionals
- Retention of existing workforce by promoting and facilitating professional education

“Connecting students to careers, professionals to communities, communities to better health”

ND AHEC Projected Budget Needs

Calendar Years	2013-2014		2014-2015			2015-2016			2016-2017			
	Eastern	Program	Eastern	Western	Program	Eastern	Western	Program	Eastern	Western	Program	
Personnel Expenses	161,522	86,089	166,030	250,604	88,671	174,000	257,696	91,331	182,500	264,789	94,070	
Operating Expenses	80,072	10,512	82,474	80,225	10,836	84,948	80,333	11,161	87,497	80,440	11,495	
Annual Proposed Full Budget	241,594	104,329	248,504	330,829	99,507	258,948	338,029	102,492	269,997	345,229	105,565	
HRSA Federal Funding	157,504	104,329	76,500	174,000	83,500	76,500	76,500	51,000	76,500	76,500	51,000	
State Funding	100,000	0	100,000	100,000	0	225,000	225,000	50,000	225,000	225,000	50,000	
Otto Bremer Foundation				50,000								
TOTAL Funding	257,504	104,329	176,500	324,000	99,507	301,500	301,500	101,000	301,500	301,500	101,000	
Budget surplus/deficit	15,910 +	0	72004	6829	0	17552	36529	1492	6503	43729	4565	1,014,260
												1,000,000
												114260

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#9

ND AHEC Projected Budget Needs

Calendar Years	2013-2014			2014-2015			2015-2016			2016-2017		
	Eastern	Western	Program	Eastern	Western	Program	Eastern	Western	Program	Eastern	Western	Program
Personnel Expenses	161,522	243,511	86,089	166,030	250,604	88,671	174,000	257,696	91,331	182,500	264,789	94,070
Operating Expenses	80,072	80,118	10,512	82,474	80,225	10,836	84,948	80,333	11,161	87,497	80,440	11,495
Annual Proposed Full Budget	241,594	323,629	104,329	248,504	330,829	99,507	258,948	338,029	102,492	269,997	345,229	105,565
HRSA Federal Funding	157,504	157,504	104,329	76,500	174,000	83,500	76,500	76,500	51,000	76,500	76,500	51,000
State Funding	100,000	100,000	0	100,000	100,000	0	225,000	225,000	50,000	225,000	225,000	50,000
Otto Bremer Foundation					50,000							
TOTAL Funding	257,504	257,504	104,329	176,500	324,000	99,507	301,500	301,500	101,000	301,500	301,500	101,000
Budget surplus/deficit	15,910 +	66125	0	72004	6829	0	17552	36529	1492	6503	43729	4565

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#10

#11

January 21, 2015

Mr. Chairman, and members of the committee, my name is Megan Oase, I am a Nurse Practitioner at West River Health Services in the Bowman North Dakota satellite clinic and I am here testifying in favor of House Bill 1282.

I am a recent graduate in the Nurse Practitioner program through Regis University in Denver, Colorado. I currently work full time as a Nurse Practitioner in a rural area in southwestern North Dakota. As a health care student and now working in a rural area, I understand the challenges rural communities face in the critical need for health care providers, not only on a professional level, but also on a personal level. The access to care of qualified health care professionals is important for our rural communities. I am fortunate for the staffing today at our clinic that I am able to attend this testimony in person. Very often this is not the case.

I was able to utilize the resources of ND AHEC to supplement the cost of my required clinical rotation. The cost of travel for students who are in school can sometimes be taxing and some students cannot afford to do so. The support from ND AHEC during my clinical rotation, gave me the opportunity to experience how rural satellite clinics work and most importantly how I would fit in as a provider. I was recruited to this rural clinic, and AHEC assisted with the rotation assuring me this was the best fit from my future practice.

My experience with ND AHEC was nothing but positive. I found the application process to be simple and straight forward, and I was fortunate enough to receive funding through ND AHEC for the mileage I traveled during my clinical rotations in rural satellite clinics throughout the spring of 2014. On a typical clinical day, I was driving approximately 40 miles in one direction for my clinical hours, and the funds I received were truly instrumental in my ability to continue doing so. After multiple interactions with different employees, I received nothing but professional and courteous assistance.

I look forward to the other program of the ND AHEC, such as HOSA-Future Health Professionals. This would be a great for me to mentor students to encourage them to choose a health care profession, and hopefully work in a rural area, just as I do. I want to let them know what community is about and how it has greatly impacted my life.

ND AHEC was incredibly helpful for me during my schooling and clinical rotations, and no other organization had stepped forward to assist me in my clinical rotation. ND AHEC understands the challenges in recruiting and retaining health care professionals. Therefore, I urge a do pass on House Bill 1282 to allow them to continue the great work in North Dakota.

Thank You,

Megan Oase
Nurse Practitioner

January 21, 2015

HB1282

#12

Legislative Testimony in Support of the ND AHEC

Mr. Chairman, and members of the committee, my name is Jeff Hostetter. I am the program director of the UND Center for Family Medicine residency here in Bismarck. As an employee of the UND School of Medicine and Health Sciences (SMHS) and thus the state of ND, I will not be giving testimony in support of a specific bill; however, I will give testimony and provide education to the committee about the outstanding work the AHEC's perform in development of the medical workforce in ND.

The AHEC program is a cooperative federal, state, and private endeavor with a long and successful history of medical workforce development in many states in our region. The ND AHEC was initially set up with the guidance and expertise of the Center For Rural Health in the UND SMHS, and while the AHEC is now its own separate entity outside the Center and the SMHS, all three still work cooperatively to coordinate our workforce enhancement efforts as much as possible.

You will likely hear other testimony about many of the various programs supported by the AHEC. I will address my remarks to three examples of AHEC programs that enhance residency and medical school education.

First, this February, myself along with consultants from the federally-funded Rural Assistance Center will be completing a feasibility study in the Watford City and Hazen/Beulah areas in order to start the process of developing a plan to eventually bring resident physicians to train in these two hospitals. As you may know, approximately 80% of residents practice within 100 miles of where they did their residency. This fact dictates that the best way to recruit physicians to rural areas is to train them there. This has led to the development of rural residency sites around the country and most recently in Hettinger and Williston. This newest effort in Watford and Hazen/Beulah would not have come to fruition if not for the efforts of the AHEC staff in gathering people and resources to produce the grant proposal that was eventually funded. This is only the first step for these two communities, but it is a crucial one.

Second, the AHEC coordinates and puts on many camps, clubs and other activities for high school and junior high students like the Scrubs Camps and the HOSA chapters that give young people the opportunity to learn about medical careers and to help them make more informed decisions about whether one is right for them. These activities also provide opportunities to connect these young people to practitioners who can serve as mentors and guides as they navigate the complexities of medical training.

Finally, the AHEC provides much needed scholarship funding to students in medical training in many fields to do rotations and classes in rural hospitals and clinics. Without these scholarship funds, the hospitals nor the students would be able to afford to have them come to the rural site to experience training that is unique to rural medicine. This in turn increases the chances that the student will one day practice in a rural setting.

In summary, the AHEC serves as a key partner with the Center for Rural Health and the SMHS, and has made possible many opportunities for ND young people that will undoubtedly influence them to be among the future health care providers of the state.

Thank you for your time, efforts, and attention.

Respectfully,

Jeffrey E. Hostetter, MD
Program Director
UND Center for Family Medicine Bismarck

J

#13

January 21, 2015

**Testimony in Support of HB 1282
House Human Services Committee**

Chairman Weisz and members of the House Human Services Committee. I am Darrold Bertsch, CEO of Sakakawea Medical Center in Hazen and the CEO of Coal Country Community Health Center in Beulah. I am providing testimony in support of HB 1282.

The ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals. As a member of the Western AHEC Advisory Board, I work closely with the North Dakota Area Health Education Center (AHEC). The ND AHEC has been instrumental in assisting Coal Country Community Health in Beulah, Sakakawea Medical Center in Hazen, and McKenzie County Health Care Systems in Watford City by providing guidance in pursuing the development of a Graduate Medical Education (GME) program at these sites. These facilities serve rural populations that are impacted by energy development, which has been accompanied by increasing pressures on the health care systems in these areas. The increased demand; however, has also presented increased opportunities for medical training. The rural GME program creates a unique opportunity to enhance the recruitment and retention of physicians to rural areas, while providing an exceptional training experience to family medicine in rural western North Dakota such as residency rotations and future rural training tracks.

ND AHEC has built the infrastructure for the HOSA-Future Health Professionals program. While working with students and advisors in high schools in North Dakota. The membership for this 100% health care based programs excites students about the opportunity for health care professions. They are building the platform for the people of North Dakota who will be in our health care workforce.

By providing resources to health care students for rural clinical rotations assists rural health care organizations with added opportunity to provide clinical rotations to students in an effort to recruit health care providers. Since the regional centers have been established in the rural areas of North Dakota, they understand the challenges we face in the health care workforce.

In closing, I would like to say that Coal Country Community Health and Sakakawea Medical Center are pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Therefore, I urge a do pass on House Bill 1282.

Thank you.

Darrold Bertsch, CEO
Coal Country Community Health
Sakakawea Medical Center

January 21, 2015

Legislative Testimony for HB 1282:

Chairman and members of the committee, my name is Christopher Schauer, I am here testify in favor of HB1282:

I am here today to urge your support for HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program. The AHEC is a statewide organization that assists in the recruitment, distribution, supply, and development of quality personnel who provide health services in rural communities in North Dakota.

As the Chairman of the Board for the Western AHEC and a founding board member, I have witnessed the evolution of the ND AHEC, both at the regional and state level. The ND AHEC was created initially with federal funding and has been supported with additional grant funds. Legislated appropriations are being sought at this time to support the ongoing efforts of the North Dakota AHEC, providing stability to a program that is vital to the state. The work of the AHEC addresses a fundamental quality of life issue: health care in rural communities. Specifically in western ND, the AHEC can provide numerous resources to assist the medical community in servicing the needs of our rural agricultural population, as well as providing resources to the Oil Patch as it struggles to maintain quality and timely health care, particularly in the smaller communities that may not have competitive salaries and rely on volunteers for much of their emergency health care. Assisting in recruiting new health care providers, from high school students becoming EMT's and serving on their local volunteer services, to recruiting potential doctors, nurses, dentists, and other health care providers to serve our rural communities, is the vital mission that is not addressed adequately and that AHEC's can assist in. Additionally, providing new experiences for potential ND residents through clinical rotations, and providing continuing education opportunities to services that cannot provide their own is a service that AHEC can provide. As one example, our rural ambulance services (which I serve on as an EMT on as well as squad leader) do not have the resources in place to address these issues, as 90-95% of rural emergency personnel in ND are volunteers and simply do not have the time to adequately recruit new members and educate their current members. However, as a lifelong ND resident, I believe that if we can recruit our youth to the healthcare community, either as a volunteer or employee, which once they get here they will stay here! But, we need extra time and labor to accomplish this mission.

In summary, the ND AHEC is committed to providing K-16 programs to increase health career awareness, assist health profession students with rural clinical experience placements, and provide continuing education for a variety of rural health care providers. All of these efforts result in maintaining support and sustainability of quality healthcare in our rural communities. I appreciate your support of sustainable rural healthcare and hope you will continue your support by voting yes on HB 1282. Thank you.

Sincerely,

Christopher Schauer, PhD
Chairman of Board, Western AHEC

DAKOTA NURSING PROGRAM

Bismarck State College • Dakota College at Bottineau • Lake Region State College • Williston State College

#15

January 21, 2015

Legislative Testimony for House Bill 1282

Mr. Chairman, and members of the committee, my name is Julie Traynor.

I am in favor of HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program. This organization has assisted the Dakota Nursing Program in accessing simulation equipment for students in Mayville, Minot, Williston and New Town during the past 2 years. AHEC has offered not only the use of the simulators but also the expertise of AHEC personnel in running the simulators so the nursing faculty could facilitate the learning with students. These are the students who are the future nurses working in health care facilities in rural communities in the state of North Dakota.

AHEC has collaborated with the Dakota Nursing Program to implement the nursing program into the Mayville area. There is a great need for nursing not only in rural ND but also in the more populated Red River Valley cities. AHEC saw a need and got the right people together to develop the program. Lake Region State College has a practical nursing and a registered nurse program located on the Mayville State University campus. As a result of this collaboration we are now developing an articulation agreement with Mayville State University to facilitate our students to articulate into a baccalaureate program.

AHEC representatives collaborate with the ND Partners in Nursing Gerontology Consortium Project as active members of the committees. They bring networking, marketing and education expertise to the table. AHEC staff have presented at many nursing and medical conferences and meetings throughout the state since they became active in ND.

I see AHEC involved in Career Fairs and Scrubs Camps across the state in the towns also served by the Dakota Nursing Program. They are committed to increasing health career awareness in our elementary and high school students. They have the staff with the knowledge and connections to be able to be a legitimate resource.

Our rural nursing students have been supported with AHEC funds as they travel to clinical in different locations. For example, all of our practical nursing students travel to Jamestown for a 2 day clinical at the ND State Hospital. They stay in a hotel and have other travel expenses. AHEC has been able to assist them and ease the heavy financial burden that they carry.

We are looking forward to collaborating with AHEC in the future to create interdisciplinary opportunities for our students. The Institute of Medicine encourages nursing students to work with other healthcare students to develop that teamwork mentality that will help them to be safer practitioners in the future.

I appreciate your support of AHEC in helping us to "Grow our own nurses" in North Dakota and hope you will vote yes on HB 1282. Thank you.

Julie Traynor, MS, RN

Director

Dakota Nursing Program

Julie.Traynor@lrsc.edu

701.662.1492 (Office)

16

January 21, 2015

Legislative Testimony for House Bill 1282

Mr. Chairman, and members of the committee, my name is Dr. Bleaux Johnson, I am one of the partners at West River Veterinary Clinic in Hettinger, North Dakota. I am providing written testimony in favor of House Bill 1282.

In the spring of 2014, we were fortunate to obtain the services of North Dakota Area Health Education Center where they provided financial resources for Jenna Innes' rural clinical rotation in veterinary medicine. With the assistance we received, we were able to recruit, Dr. Innes as a full time veterinarian in a rural area.

It is our experience, as our business has grown, that it is difficult to recruit young, single, professionals to remote areas. With the assistance of the North Dakota AHEC, we were able to entice Dr. Innes into a rural clinical rotation. Dr. Innes' was required to complete a two month rotation through Auburn University. In that time, we were able to determine if she was a right fit for the business and community and offered her a position as a full time veterinarian.

Required clinical rotations to rural areas are costly to students and AHEC assistance provide incentive that help in our recruiting process. The incentive through travel reimbursement or housing allowance which assists the student as it allows them to focus on being a student and having a great experience in a rural community.

The recruitment of these professionals does not end with their employment. As a small business we are constantly working to retain professionals. We are greatly challenged by living in a remote area of North Dakota. We have worked with our young professionals to assist in recruiting other professionals in the areas. With the assistance of the ND AHEC, we are able to make connections in the state to recruit other positions necessary for us to do business.

Living in rural North Dakota I understand the needs of a community. No matter what the future holds for North Dakota, we are in critical need of health care providers. Recruitment to rural areas should be a priority. North Dakota AHEC works with our communities to provide opportunities which cannot be otherwise obtained. For these reasons, I urge you to vote yes on HB 1282.

Thank you,

Bleaux Johnson, DVM
West River Veterinary Clinic

#17

January 21, 2015

Dr. Jenna Innes
Veterinarian at West River Veterinary Clinic

Mr. Chairman, and members of the committee, my name is Dr. Jenna Innes.

I am submitting written testimony in favor of HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program. The North Dakota AHEC focuses on providing support across the health care workforce pipeline, to address critical health care workforce shortage, through distribution diversity supply and quality health care professionals.

As an individual who practices veterinary medicine, I was impressed that AHEC recognized and understood the need for this facet of medicine, in addition to those that serve the public as human health care workers. AHEC being focused on rural North Dakota, understands the needs of a rural community. I experienced this first hand as they played a vital role in recruiting me to rural Hettinger, ND. Through their support I was able to relocate and find a successful veterinary practice to perform not only my two month clinical requirements, but to then join the practice as a veterinarian. I am now a member of this rural community and look forward to continuing to build my career and life in a region that, without AHEC, I may have never known as a possibility.

AHEC also allowed me the opportunity to participate in the HOSA Future Health Professional program during the 2014 Spring Leadership Conference. I was able to judge and mentor high school students interested in veterinary medicine and discover their passion for health care. AHEC provides the HOSA program to members throughout North Dakota, inspiring their interest at the high school level, to explore all medical related occupations. Through hands on activities, HOSA provides an opportunity for students to delve into and unearth the versatility of the medical profession.

In closing, I would like to apologize for my inability to testify in person, but thanks to AHEC, I am gainfully employed and unable to currently take time off. I appreciate your support of AHEC and hope you will vote yes on HB 1282. Thank you for your time and consideration.

Dr. Jenna Innes
Veterinarian at West River Veterinary Clinic

#18

January 21, 2015

Legislative Testimony for Appropriations Bill 1282

Mr. Chairman, and members of the committee, my name is Rachel Fearing, and I am submitting written testimony in favor of appropriations for the North Dakota Area Health Education Center (AHEC).

As a third year medical student at the University of North Dakota I've been given the opportunity to participate in Rural Opportunities in Medical Education and directly benefit from the AHEC this past fall in Hettinger, ND. While there I learned about the challenges physicians in rural communities face, including the lack of equipment and staff, but also observed physicians from several different specialties working together on a daily basis in order to provide the optimal care for their patients. I personally experienced the reward of becoming part of a close knit community through volunteerism and the opportunity to serve people in such an intimate way.

Being a student I was given responsibilities above and beyond what I would have been exposed to in a larger training facility. I enjoyed the challenges and learning opportunities we faced daily, yet truly believe I contributed towards helping these professionals serve their patients.

I'm sure you know those of us who choose to practice medicine face not only significant educational and regulatory hurdles to begin our goal of diagnosing and treating people back to health, but often at significant financial expense. According to the Association of American Medical Colleges, the most recent medical students graduated with an average of over \$176,000 in debt. Apart from physicians so far earning good incomes once they beginning practicing, this is another significant barrier for young adults to consider a profession in medicine or embark on a rural clinical experience.

Without these programs students wouldn't be exposed to rural health and a unique community experience, likewise rural hospitals and communities wouldn't benefit from the spirit and sweat of medical students. Thank you for considering my testimony in support of appropriating funds for AHEC.

Thank you.

Rachel M. Fearing, MSIII
University of North Dakota School of Medicine



North Dakota State Profile

2014-2015

168 students members
10 local advisors
www.ndhosa.org



North Dakota State Officers 2014-2015

President ~ Jessica Stair—Bismarck Public School
Vice President ~ Morgan Stirling—Sheyenne High School
Secretary/Reporter~ Abby Kaseman—Bismarck Public School
State Treasurer/Historian/Social Media—Cassie Andress—
Hettinger Public School
State Parliamentarian—Michael Hertz—Bismarck Public School



Mission of HOSA-Future Health Professionals

HOSA-Future Health Professionals is filling the pipeline with tomorrows workforce. The mission of HOSA is to enhance the delivery of compassionate, quality health care by providing opportunities for knowledge, skills and leadership development of all health science students, therefore, helping students to meet the needs of the health care community.

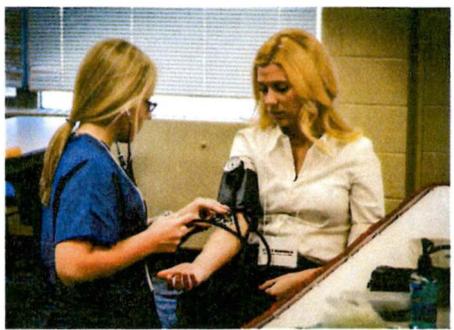
About HOSA-Future Health Professionals

HOSA is a national student organization that provides a unique program of leadership development, motivation and recognition exclusively for secondary, postsecondary, collegiate and adult students enrolled in health science classes. HOSA is 100% health care!

HOSA's competitive events program, aligned with the National Healthcare Skills Standards, helps students graduate and be career and college ready offers six event categories including: (1) health science, (2) health professions, (3) emergency preparedness, (4) leadership, (5) teamwork, (6) recognition.

North Dakota Chapter and Advisors

Bismarck Public Schools—Heather Fry
Century High/Missouri River CTE—Jolean Lowman & Jessie Markovic
Hettinger Area High School—Christi Miller
Killdeer Public School—Cherie Roshau
North Valley Career and Technology Chapter—
Valerie Heuchert
Langdon High School—Carla Symons
Sheyenne High School—Holly Strand & Amy Anderson
Red River High School—Dani Rowekamp
Grand Forks Central High School—Kim Adams



ND HOSA Contact Information

If you are interested in starting a HOSA Future Health Professionals Chapter in you school and need help? Contact the ND HOSA State Advisor
Christ Miller at:



Stands for Jobs
NORTH DAKOTA AHEC

christi.miller@mayvillestate.edu

701.637.0178



Stands for Jobs

NORTH DAKOTA AHEC

501 N. Columbia Road, Stee 9037 Grand Forks, ND 58202-9037 • 701.777.3848

www.ndaheec.org

HB 1282
1-21-15

#20

LIST OF LETTERS OF SUPPORT

UND School of Medicine & Health Sciences, Joshua Wynne
National AHEC, Robert Trachtenberg
North Dakota AHEC, JoNell Bakke
Eastern ND AHEC, Roger Baier
Western ND AHEC, Christopher Schauer
ND Center for Nursing, Patricia Moulton
Sanford Mayville, Roger Baier
ND Hospital Association, Jerry Jurena
Mayville State University, Gary Hagen & Keith Stenehjem
NDSU College of Pharmacy, Nursing and Allied Sciences, Dean Gross
University of Minnesota School of Dentistry, Paul Schulz
West River Ambulance Service, Christopher Schauer
City-County Health District, Theresa Will
Carrington Health Center, Mariann Doeling
Langdon Area High/Middle School, Daryl Timian & Carla Symons
Career Academy, Dale Hoerauf
Red River High School, Dani Rowekamp
Rural Behavioral Health Network, Susan Rae Helgeland
ND Long Term Care, Shelly Peterson
UND School of Medicine & Health Sciences Interprofessional Education, Eric Johnson
CHAD, Linda Ross
HOSA, Cassie Andress
HOSA, Jessica Stair

1-21-15



UND.edu

SCHOOL OF MEDICINE & HEALTH SCIENCES

Office of the Dean
SMHS, Room 1930
501 N Columbia Road Stop 9037
Grand Forks, ND 58202-9037
Phone: 701.777.2514
Fax: 701.777.3527
med.UND.edu

January 16, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the University of North Dakota School of Medicine and Health Sciences, I am writing to support the North Dakota Area Health Education Center (ND AHEC) Program administered through the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals. The AHECs work closely and in a coordinated fashion with the School and its Center for Rural Health in addressing healthcare workforce issues for the state of North Dakota.

The School and its Center for Rural Health are pleased to continue this relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this partnership is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Sincerely yours,

Joshua Wynne, M.D., M.B.A., M.P.H.
Vice President for Health Affairs
Dean

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Stands for Jobs

NORTH DAKOTA AHEC

501 N. Columbia Road, Stop 9037 Grand Forks, ND 58202-9037 • 701.777.3848

www.ndahec.org

1-21-15

January 2, 2015

Lynette Dickson, MS, Director ND AHEC
Dr. Bill E. Krivarchka, Eastern ND AHEC Director
Denise Andress, Western ND AHEC Director

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

It is my great pleasure on behalf of the ND AHEC Advisory board to write this letter of support for the North Dakota Area Health Education Center (AHEC) Program. This is a national program that started in 1997 with the mission of supporting and advancing the recruitment, training and retention of a diverse health work force in underserved communities. For the past seven years, the ND AHEC has focused on prompting the collaboration of schools and community organizations to engage in a comprehensive strategy to help eliminate the shortage of health care professionals in underserved areas and correct the uneven distribution of health care providers in our state. We currently have established an office in Mayville and Hettinger to work on this mission.

Our programs include introducing students of all ages to a variety of health careers through school visits, career fairs, and hands-on activities. Although our program is not a part of the UND School of Medicine, we do work closely with UND to provide clinical experiences in rural settings for college students in health care programs of study. The ND AHEC also provides information on scholarships, loan repayment opportunities, continuing education programs, and supports community education programs.

In closing, I would like to say that the AHEC Advisory board is pleased to continue to work with the North Dakota Area Health Education Programs to provide the health care professionals that our state needs to meet the demands of our citizens in both the rural and urban areas of our state. The Advisory Board believes this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health care for North Dakota. Thank you.

Sincerely,

JoNell A. Bakke

JoNell A. Bakke, Chair
ND AHEC Advisory Board

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Stands for Jobs

EASTERN NORTH DAKOTA AHEC

1-21-15

42 6th Avenue SE Mayville 58257 • 701-788-4477

eastern.ndahec.org

January 15, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
103 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress

As Chairman of Eastern ND AHEC Advisory Board, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) and the Eastern North Dakota Area Health Education Center (Eastern ND AHEC). The ND AHEC/Eastern ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

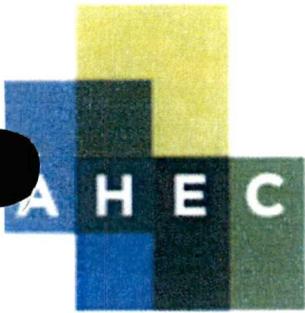
We have found that support afforded us through Eastern ND AHEC, such as the mobile training and support of EMS to our Eastern counties, shows how we are meeting some of the goals of Eastern ND AHEC in providing support for quality health care in rural areas.

In closing, I would like to say that Eastern ND AHEC Advisory Board is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Center and the Eastern North Dakota Area Health Education Center. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Roger Baier
Chairman of Eastern ND AHEC Advisory Board
On behalf of Eastern ND AHEC Advisory Board

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Stands for Jobs

WESTERN NORTH DAKOTA AHEC

PO Box 615 109 South Main Hettinger, ND 58639 • 701.637.0177

western.ndahec.org

1-21-15

12/22/2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Western ND AHEC board of directors, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

The Western ND AHEC board has been integral in the establishment of the Western ND AHEC from the beginning of the program. We have shepherded it through its establishment to where it is today. In western ND, the AHEC can provide numerous resources to assist the medical community in servicing the needs of our rural agricultural population, as well as providing resources to the Oil Patch as it struggles to maintain health care, particularly in the smaller communities. Assisting in recruiting new health care providers, from high school students becoming EMTs to recruiting potential doctors and nurses, and bringing cutting edge technology to rural providers to assist in continuing education are just some of the potential benefits from having a stable AHEC in ND.

In closing, we would like to say that the Western ND AHEC is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Christopher Schauer, PhD
Western ND AHEC board chairman

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**NORTH DAKOTA
CENTER FOR NURSING**
A unified voice for nursing excellence.

1-21-15

January 14, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the North Dakota Center for Nursing, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

The North Dakota Center for Nursing proudly serves on the ND AHEC Program Office Advisory Board and the ND AHEC has membership on the ND Center for Nursing Board of Directors. Several of our initiatives are complementary and we are able to effectively leverage resources in order to ensure a quality health care workforce in North Dakota.

In closing, I would like to say that the North Dakota Center for Nursing is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. The North Dakota Center for Nursing believes this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Patricia Moulton

Patricia Moulton, PhD
Executive Director
North Dakota Center for Nursing
417 Main Avenue #402
Fargo, ND 58103

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December 23, 2014

1-21-15

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

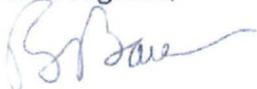
Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of Sanford Mayville, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Being rural, we find that sending staff distances for training is almost impossible as it takes staff away from our facility. With the EAHEC mobile training, unit available, we were able to train some of our staff in our own facility. What a positive way to meet needs in rural North Dakota.

In closing, we would like to say that Sanford Mayville is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

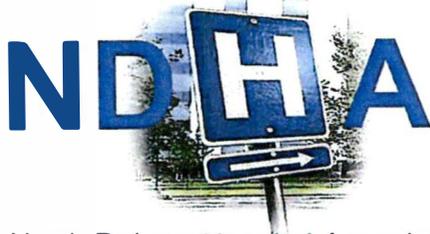
Best regards,



Roger Baier
Chief Executive Officer

RB:kjm

7



North Dakota Hospital Association

1-21-15

Vision

The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission

The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

December 22, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Address
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Address,

On behalf of the North Dakota Hospital Association (NDHA) I am writing this letter in support of the North Dakota Area Health Education Center (ND AHEC) Program. This includes the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC).

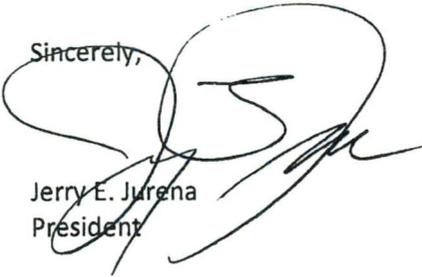
I appreciate the attention the ND AHEC has placed on providing support across the state of North Dakota in addressing the health care workforce shortage. I hear daily from my membership on the critical need for health care workers. The shortages are in all areas of the delivery of healthcare; from support staff non-licensed through licensed professional health care providers.

We will continue to work with you and to be supportive of your efforts in the education/training of individuals with a desired to be part of the health care delivery model. We cannot solve this crisis without the help of organizations like yours.

To reiterate; the North Dakota Hospital Association is pleased to be associated with AHEC and look forward to continuing our work together to solve this crisis. Sharing of information and education are the solutions to this problem and we both need to be in this together.

Thank you.

Sincerely,


Jerry E. Jurena
President

1-21-15



Office of the President

December 19, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 So. Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of Mayville State University, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Over the past few years (2010-2014), Mayville State University (MaSU) has been a strong supporter and collaborator with the ND AHEC/E AHEC/W AHEC by agreeing to be the Recipient to the Contractor (University of North Dakota) to assist the performance of the Eastern and Western ND AHEC scope of work. In addition Mayville State University has supported ND AHEC through partnering with K-12 health career fairs, establishment of the Dakota Nursing Program on the Mayville State University campus, establishing the MaSU RN to BSN program in the fall 2014, and collaboration with MaSU STEM (Science, Technology, Engineering, Math) curriculum. Mayville State University also supports ND AHEC by being an Eastern AHEC, Western AHEC and ND AHEC Advisory Board member.

In closing, we would like to say that Mayville State University is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Dr. Gary Hagen, President
Mayville State University

Dr. Keith Stenehjem, VP for Academic Affairs
Mayville State University

9

1-21-15

*Department of Nursing**College of Pharmacy, Nursing, and Allied Sciences
NDSU Dept. 2670
136 Sudro Hall, P.O. Box 6050
Fargo, ND 58108-6050*

January 13, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Address
Western ND AHEC Dir.
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Address:

On behalf of the NDSU Nursing Department we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

AHEC has provided support for our family nurse practitioner students in rural clinics. These student opportunities would not be possible without the support we have received from AHEC. Several students, after their participation in these rural sites, have sought out rural sites for employment upon graduation from the NDSU DNP/FNP program, subsequently improving access to primary health care in the rural areas of North Dakota.

In closing, we would like to say that the NDSU Doctor of Nursing practice/Family Nurse Practitioner Program is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Dean Gross Ph.D. FNP
DNP/FNP Program Director
Assistant Professor / Nursing Department
NORTH DAKOTA STATE UNIVERSITY
136 Sudro Hall 222F
Dept. # 2670, P.O. Box 6050
Fargo, ND 58108-6050
Office: (701) 231-8355
Fax: (701) 231-6257
www.ndsu.edu

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1-21-15

University of Minnesota School of Dentistry

Division of Outreach

December 23, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Division of Outreach for the University Of Minnesota School Of Dentistry, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern North Dakota Area Health Education Centers. The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

The Division of Outreach at the University Of Minnesota School Of Dentistry is committed to providing clinical Outreach rotation opportunities for our students to underserved patients. Our students value the clinical opportunities that Outreach clinics provide and understand the importance of treating underserved populations throughout the region. We collaborated with the Minnesota AHEC in the past and understand how the AHEC mission overlaps with the service mission at our School of Dentistry.

In closing, we would like to say that the University Of Minnesota School Of Dentistry Division of Outreach is looking forward to exploring a relationship that is beneficial to both the North Dakota Area Health Education Program and our School. We believe that exploring the possibility of collaboration between our School and the Eastern AHEC association provides the possibility of increased access to dental care in North Dakota and valuable clinical education for our students. Thank you.

Best regards,



Paul D. Schulz
Director of the Division of Outreach
University of Minnesota School of Dentistry
515 Delaware Street SE, Moos 9-426
Minneapolis Minnesota, 55455
612-624-5331

//

1-21-15

West River Ambulance Service

PO Box 205

Hettinger, ND 58639

12/22/2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of West River Ambulance Service volunteers, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

As a rural volunteer ambulance service, our largest issues are recruiting new members and providing continuation education to our ambulance squad. The AHEC can provide assistance in these areas through recruitment of high school students into the medical field utilizing Emergency Medical Services as a learning experience for future medical careers, and through assisting in continuing education. For a volunteer ambulance service time is our most precious commodity; the AHEC provides the resources to utilize our time more efficiently, assistance in recruiting new members and technology to make providing continuing education training on par with our urban counterparts.

In closing, we would like to say that the West River Ambulance Service is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Christopher Schauer,
Volunteer Squad Leader, West River Ambulance Service

12

1-21-15



Public Health
Prevent. Promote. Protect.
City-County Health District

CITY-COUNTY HEALTH DISTRICT

PUBLIC HEALTH AND HOME CARE

BARNES COUNTY COURTHOUSE
230 4TH Street NW, Room 102
Valley City, ND 58072

PHONE: 701-845-8518

FAX: 701-845-8542

WEB: WWW.CITYCOUNTYHEALTH.ORG

December 23, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of City-County Health District, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Over the years City-County Health District has collaborated with NDAHEC on several projects which potentially benefitted all Barnes County residents. NDAHEC sees the benefits that public health provides and is supportive of projects that effectively promote better community health. With the additions support provided through AHEC, we have been able to provide community education regarding preventive strategies to promote better health and the value of policy, systems and environment changes for improved health. Cultural diversity has been another area in which NDAHEC allowed us funding to educate key community workers allowing us to work more effectively with the many foreign-born residents who are moving to our community.

The first project was a presentation to ND health care professionals by Drs. James Hart and Stephen McDonough. They addressed two goals: increasing skills regarding how to effectively promote better community health by incorporating proven preventive strategies into daily activities, and increasing understanding of the policy and system changes needed to support health improvement. The second project featured Kostas Voutsas, a respected trainer/speaker and Professor of Business at Dickinson State University. He addressed cultural diversity in the community and school settings. This presentation was especially helpful to those who work directly with foreign-born residents in our community.

In closing, we would like to say that City-County Health District is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Theresa Will, RN

Director, City-County Health District

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1-21-15

Carrington Health Center

January 28, 2013

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
426th Ave SE
Mayville, ND 58257

Dear Dr. Krivarchka:

On behalf of Carrington Health Center we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) and the Eastern North Dakota Area Health Education Center (Eastern ND AHEC). The ND AHEC/Eastern ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Carrington Health Center just finished a very successful Scrubs Camp that has been the cause of excitement among our young students who are now interested in health care careers.

Carrington Health Center is also working closely with ND AHEC as we are excited to be part of a new opportunity to train more higher education level students at one time over a period of months as they pursue a variety of health care fields across the continuum of care.

In closing, we would like to say that Carrington Health Center is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Center and the Eastern North Dakota Area Health Education Center. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Mariann Doeling
President
Carrington Health Center



Nicole Threadgold
Foundation Development Officer
Carrington Health Center



Jennifer Whitman
Wellness and Disease Management Manager
Carrington Health Center

14

1-21-15

Carrington Health Center

January 28, 2013

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dear Ms. Dickson:

On behalf of Carrington Health Center we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) and the Eastern North Dakota Area Health Education Center (Eastern ND AHEC). The ND AHEC/Eastern ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Carrington Health Center just finished a very successful Scrubs Camp that has been the cause of excitement among our young students who are now interested in health care careers.

Carrington Health Center is also working closely with ND AHEC as we are excited to be part of a new opportunity to train more higher education level students at one time over a period of months as they pursue a variety of health care fields across the continuum of care.

In closing, we would like to say that Carrington Health Center is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Center and the Eastern North Dakota Area Health Education Center. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Mariann Doeling
President
Carrington Health Center



Jennifer Whitman
Wellness and Disease Management Manager
Carrington Health Center



Nicole Threadgold
Foundation Development Officer
Carrington Health Center

15

1-21-15

† CATHOLIC HEALTH
INITIATIVES®

Carrington Health Center

January 28, 2013

Denise Andress
Western ND AHEC Director
109 S Main Street
PO Box 615
Hettinger, ND 58639

Dear Ms. Andress:

On behalf of Carrington Health Center we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) and the Eastern North Dakota Area Health Education Center (Eastern ND AHEC). The ND AHEC/Eastern ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Carrington Health Center just finished a very successful Scrubs Camp that has been the cause of excitement among our young students who are now interested in health care careers.

Carrington Health Center is also working closely with ND AHEC as we are excited to be part of a new opportunity to train more higher education level students at one time over a period of months as they pursue a variety of health care fields across the continuum of care.

In closing, we would like to say that Carrington Health Center is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Center and the Eastern North Dakota Area Health Education Center. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Mariann Doeling
President
Carrington Health Center



Jennifer Whitman
Wellness and Disease Management Manager
Carrington Health Center



Nicole Threadgold
Foundation Development Officer
Carrington Health Center

16

LANGDON AREA HIGH/MIDDLE SCHOOL
"HOME OF THE CARDINALS"

1-21-15

FOR EXCELLENCE

PRINCIPAL: DARYL TIMIAN

PHONE: Home 701-256-2687
Work 701-256-5291
FAX: Work 701-256-2606

715 14TH Avenue
Langdon, ND 58249
E-mail: daryl.timian@sendit.nodak.edu

December 18, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress, RN
Western ND AHEC Director
109 So. Main Street
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka and Ms. Andress:

On behalf of Langdon Area High School, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program and the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

We have worked closely with the North Dakota Area Health Education Center (ND AHEC) for several years. AHEC has offered educational opportunities for our students in collaboration with our health care facilities and medical professionals to expand their understanding of the many health careers available. Examples would be the HOPE grant, health careers information and statistics (including powerpoints), and expansion of HOSA (Health Occupations Students of America) into North Dakota.

In closing, we would like to say that Langdon Area High School is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

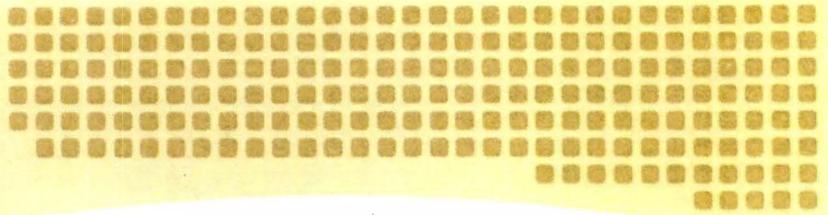
Daryl Timian
Principal
Carla Symons, RN
Instructor—Health Careers

17



BISMARCK PUBLIC SCHOOLS

1221 College Drive
Bismarck, ND 58501



1-21-15

December 19, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S. Main St
P O Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Medical Careers Instructors for the Bismarck Public Schools we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

NDAHEC has been a wonderful support to our program over the past years. They have assisted with many hands on days to expose students to a variety of health careers. Activities have included experiential activities in dental health, first aid and CPR, surgical skills and the digestive system. NDAHEC has also helped to bring HOSA – future health professionals to the state. This is an extremely beneficial organization for students interested in a career in medicine. This organization helps to build leadership skills with our students as well as provide them with an exposure to a variety of health careers. There is currently a shortage of healthcare workers in ND. NDAHEC through educational programming and HOSA is working to address that issue. NDAHEC is instrumental in helping to build a future workforce in healthcare.

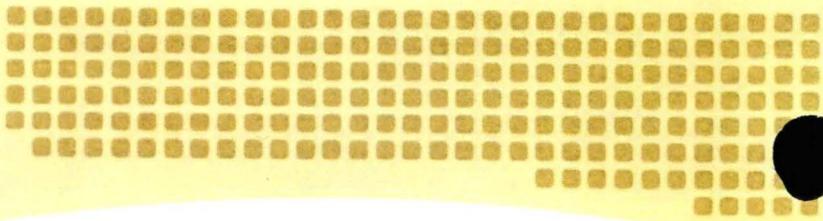
In closing, we would like to say that the Medical Careers Instructors for the Bismarck Public Schools are pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota.

Dale Hoerauf
Director
701.323.4341
dale_hoerauf@bismarckschools.org

www.bismarckcte.org
701.323.4345 fax
P.O. Box 5587
Bismarck, ND 58506

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Brian Beehler
Assistant Principal
701.323.4350
brian_beehler@bismarckschools.org



Thank you.

Best regards,

Joelean Lowman
Medical Related Careers Instructor
Bismarck Career Academy/
Missouri River Educational Consortium

Jessica Mehlhoff
Medical Related Careers Instructor
Bismarck Career Academy

Sarah Berreth
Medical Related Careers Instructor
Bismarck Career Academy

Jessie Markovic
Medical Related Careers Instructor
Century High School

Heather Frey
Medical Related Careers Instructor
Bismarck High Schools

Lorie McCarthy
Medical Related Careers Instructor
Bismarck Career Academy/Legacy High School

Blaine Steiner
Medical Related Careers Instructor
Bismarck Career Academy/Legacy High School

RED RIVER HIGH SCHOOL

Mr. Kristopher G. Arason, Principal
Dr. Kelly D. Peters, Associate Principal
Mr. Christopher C. Douthit, Associate Principal
Mr. Nathan R. Olson, Activities Director

1-21-15

HOME OF THE ROUGHRIDERS

2211 17th Avenue South
Grand Forks, ND 58201
(701) 746-2400
Fax (701) 746-2406



January 14th, 2014

Lynette Dickson, MS
Director ND AHEC
Director

Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director

Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC

109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of Red River High School Medical Careers Program and HOSA Organization, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

NDAHEC has been instrumental in the initial start up process and support of the student lead organization Health Occupation Students of America (HOSA). Without NDAHEC we would not have HOSA chapters in the state of ND. These organizations focus on student leadership and prepare them to enter the healthcare field. There is a national shortage of healthcare workers and it is imperative that we support organizations that assist student learning and guide them along the health career pathway. NDAHEC has been very supportive of the Medical Related Careers Programs around the state. ADAHEC has also gives students around the state the opportunity to experience different careers in healthcare through hands on activities like CPR and surgical skills.

In closing, we would like to say that RRHS Medical Careers Program is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Dani Rowekamp, BSN
Medical Careers/CNA Instructor
Red River High School

20

1-21-15



RBHN Mission: To improve access to behavioral healthcare and eliminate behavioral health disparities in rural and tribal communities.

**RBHN GOVERNANCE
COMMITTEE**

Coal Country Community
Health Centers

Essentia Health

Mental Health America
of North Dakota

HA Nation

North Dakota Area Health
Education Center

North Dakota Federation
of Families for Children's
Mental Health

Sakakawea Medical
Center

January 14, 2015

Lynette Dickson, MS
Director ND AHEC
Director Center for Rural Health
UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center
42 6th Ave. S
Mayville, ND 58257

Denise Andress
Western ND AHEC
Director
PO Box 615
Hettinger, ND
58639

Dear Ms. Dickson, Dr. Kievarchka and Ms. Andress,

The ND Rural Behavioral Health Network (ND RBHN) supports the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC) and (Western ND AHEC). The ND AHEC/Eastern/Western AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

ND AHEC is an original member of the ND RBHN. Our mission is to improve access to behavioral healthcare and eliminate health disparities in rural and tribal communities. The ND RBHN also includes the following agencies: Coal Country Community Health Centers; Essentia Health; Mandan Hidatsa Arikara Nation; ND Federation of Families for Children's Mental Health; Mental Health America of ND and Sakakawea Medical Center.

In closing, we would like to say that ND RBHN is pleased to continue a relationship that is beneficial to ND RBHN and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers and, most important, the people we both serve. We believe the ND AHEC Centers are worthy for the support of ND RBHN since it meets the needs of future health care students, professional providers, rural and tribal communities and quality health care for North Dakota.

Sincerely,

Susan Rae Helgeland, MS
ND RBHN Project Director

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www.ndrbhn.org

1-21-15

Shelly E. Peterson, *President* • email: shelly@ndltca.org

January 19, 2015

Lynette Dickson, Ms
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42- 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of North Dakota Long Term Care Association, we are writing this letter to support the North Dakota Area Health Education Center, (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC.) The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Sufficient staffing continues to be the number one concern facing Long Term Care facilities. Seventy percent of nursing facilities used contract nursing agencies in 2014. Over 15 Million was spent on contract nursing in 2014, an increase of over 22%. Facilities are stopping admission because of staffing. The future looks even more challenging with one-third of the work force currently over 50 years of age.

In closing, we would like to say that North Dakota Long Term Care Association is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education centers. We believe this support is worthy and meet the need of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Shelly Peterson, President
North Dakota Long Term Care Association

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1-21-15

UND School of Medicine & Health Sciences

January 15, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

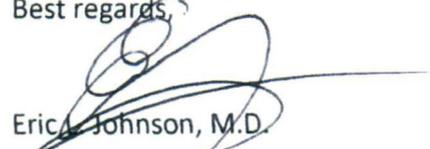
Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the University of North Dakota School of Medicine and Health Sciences, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

I have worked with them extensively over the last 2 years on interprofessional health science education projects in rural areas. These projects seek to have students from different health science programs (i.e., medicine, pharmacy, nursing, PT, OT, etc) interact with each other in more directed ways to improve team-based health care. These types of activities are known to improve quality and promote a culture of safety in prevention strategies and treatment of a variety of different health care needs. We hope this also gives students opportunities to understand that this can be done in rural areas effectively and that they all support each other in those environments.

In closing, we would like to say that the University of North Dakota School of Medicine and Health Sciences is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Eric A. Johnson, M.D.
Associate Professor
Department of Family and Community Medicine
UNDSMHS
501 N. Columbia Road

23

Grand Forks, ND 58201

1-21-15

Director Interprofessional Education
UNDSMHS

Medical Director
Physician Assistant Program
UNDSMHS

Assistant Medical Director
Altru Diabetes Center
FMC-Altru Health System

Assistant Medical Director
Valley Memorial Homes

President
Tobacco Free North Dakota

(701) 795-2000 Clinic
(701) 777-3811 UND

24

Bismarck Office
1003 East Interstate Avenue, Ste 1
Bismarck, ND 58503

Phone: (701) 221-9824



CHAD
Community HealthCare
Association of the Dakotas

1-21-15

Sioux Falls Office
1400 West 22nd Street
Sioux Falls, SD 57105

Phone: (605) 357-1515

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Community HealthCare Association of the Dakotas (CHAD), we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

CHAD has a long standing history of collaboration with ND AHEC in providing valuable educational opportunities for our health center providers and staff. We have utilized many programs in North Dakota health centers that were developed by ND AHEC to assist with training and education needs. Additionally, ND AHEC provides great support to us in our efforts to assist health centers in recruitment and retention of qualified health care professionals, especially in areas where we experience chronic shortages of such staff. We value the relationship we have built with ND AHEC and greatly appreciate the work done by their highly skilled and dedicated staff.

In closing, we would like to say that CHAD is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Linda Ross, MBA
Chief Executive Officer

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Mission: Enhance Access to Quality Primary Care Through Services to Our Members

www.communityhealthcare.net

1-21-15



January 20, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

When I became interested in healthcare, I started a HOSA Future Health Professionals chapter in my local town, Hettinger. I am currently the Local President and the State Treasurer. As the president, I do many things such as run meetings, bring new ideas for events and fundraisers to the table, and make sure everything we need done gets accomplished. I have a great team of people helping me and I hope to give HOSA enough momentum to keep it going long after I graduate.

HOSA provides members with many opportunities to make a difference. HOSA is the only program that offers healthcare activities to students. HOSA not only provides opportunities and experiences, but also, HOSA helps students achieve scholarships to help them through their futures. HOSA is a passion for students around the world and we hope we can keep expanding to more and more.

In closing, I would like to say that ND AHEC is a beneficial program in the healthcare field for all of North Dakota. I believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Cassandra Andress, State Treasurer, ND HOSA

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1-21-15

December 15, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the students who are involved in HOSA- Future Health Professional. I am writing this letter for the support of the North Dakota Area Health Education Center (ND AHEC) Program. The ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

ND AHEC has been a wonderful support to the HOSA student organization over the past three years. HOSA has been a wonderful way to expose students to different health related careers while also serving their community. We are able to learn, study, and compete in different competitions that all relate to health careers. HOSA is the only student organization that is solely for health related careers. In just three years we have grown from 15 students to now over 170 which I believe show how much of an impact that this organization is having with students from all across the state. With continued support we would be able to continue expanding to more small towns and also reach more students interested in pursuing a health career. Through a fall leadership conference students are also able to gain new leadership experience, and also participate in different activities that expose a student to different skills used such as starting an IV, or CPR training.

In closing, we would like to say that HOSA- Future Health Professionals are pleased to continue to grow and reach more students through North Dakota Area Health Education Program. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Jessica Stair
ND HOSA State President
Bismarck Public School

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Stands for Jobs
NATIONAL AHEC ORGANIZATION

1-21-15

Headquarters Office
7044 S. 13th Street
Oak Creek, WI 53154
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(888) 412-7424
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info@nationalahec.org

The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in the recruitment, training and retention of a diverse health workforce for underserved communities.

December 18, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the National AHEC Organization (NAO), I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

NAO is the national member association that supports and advances the AHEC Network to improve health by leading the nation in the recruitment, training and retention of a diverse health workforce for underserved communities, which we do by working closely with our membership of 52 medical schools AHECs, 3 nursing school AHECs and over 250 community-based AHECs throughout the country in a great variety of ways.

Our collective vision is that the AHEC network become the national leader in developing a highly competent and diverse health care workforce for underserved populations. The North Dakota AHEC is a vital component of our national efforts in working to ensure access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships.

NAO is pleased to continue a relationship that is beneficial to both our organization and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. I believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota.

Best regards,

Robert M. Trachtenberg, MS
Chief Executive Officer

Michelle Andress



Stands for Jobs
NORTH DAKOTA AHEC

Connecting students to careers, professionals to communities, communities to better health

Date: January 28, 2015

Subject: HB 1282 provides funding through the Department of Commerce for AHEC.

Question: Is there duplication of services, particularly with Skills USA, and possibly other programs that are active in secondary schools?

The AHEC is dedicated to working in partnership with existing programs, services and resources, related to health career development. More importantly, the AHEC is committed to developing new and/or augmenting existing programs, services and resources to schools and communities where there are minimal or no such available resources for our North Dakota students with the ultimate goal of addressing the health workforce shortages in our state.

For example:

Existing secondary school program/service: Skills USA –is supported by the ND Department of Career and Technical Education (CTE) which is a partnership of students, teachers and industry working together to ensure America has a skilled workforce. SkillsUSA of ND holds an annual conference where high school students participate in skills competition, supported by industry.

Challenge or gap in programs/services: SkillsUSA has successfully established industry support for the annual student competition and activities throughout the school year; however, there is limited to no support from the health care industry; therefore students and instructors, interested in health careers, are less likely to participate. SkillsUSA also requires the healthcare student to be enrolled in a healthcare course that the majority of North Dakota’s students do not have access to.

Solution - AHEC’s Role: The AHEC staff have established relationships in the health care industry throughout the state and have expanded and secured support for students in health care related skills competition; as well as rural job shadowing opportunities and other related activities outside the annual conference.

Challenge or gap in programs/services: Students interested in pursuing careers in health care are required to be enrolled in a health career/occupation course in order to participate in SkillsUSA. As of 2014-2015 only 31 of the 168 public high schools secondary schools (in 21 communities) in ND offered this type of coursework. There are 10 different health career courses offered.

Solution - AHEC’s Role: AHEC supports the establishment of local HOSA-Future Health Professionals chapters (formerly known as Health Occupation Students of America), as requested by instructors/school. HOSA does not require that students be enrolled in a health career/occupation course to start or belong in a chapter. HOSA also does not require that the advisor for a chapter be a health career instructor. Therefore, a HOSA Chapter may be especially beneficial to students in rural areas where there may not be a health career/occupation course offered in their school; and/or there is no access to a nearby Career Technology Center (10 in the state). HOSA in North Dakota offers exposure to 16 different careers through 29 different competitive events. As ND HOSA continues to grow we will include more events mirroring those offered on the National. Due to the lack of health care information at the SkillsUSA conferences AHEC has developed a Fall HOSA Leadership Academy that is 100% focused on health care and held the first in the fall of 2014. The 3rd annual Spring Leadership will be held separately from SkillsUSA in Jamestown University from March 22-24 and we are working closely with their health care departments.

Existing secondary education program/service: Career advising available in ND secondary schools.

/



Background: All secondary schools must have at least one masters prepared school counselor (numbers are determined by a counselor/student ratio). If a school has a career development program, they may apply to Career and Technical Education (CTE) to credential their program. If the program is approved, they receive funding support (as available) and the counselor is designated as a Career Development Counselor. Other secondary schools may use a teacher, or other professional, that receives additional training and is designated as a 'Career Advisor'; however, this person must work under the direction of the school counselor.

Challenge or gap in programs/services: In many schools, especially rural, the school counselor is providing behavioral counseling as well as academic and career counseling which creates a significant workload and competing priorities. With regard to career counseling, they are expected to provide academic and career guidance to students for any and all career opportunities.

Solution - AHEC's Role: Ease the burden for school/career counselors by providing up to date resources and information, specific to health careers and opportunities in ND, that a counselor either doesn't have ready access to or the time to research and have available; AHEC produces a monthly newsletter for counselors focused on a specific health career and other resources; and the AHEC staff have presented health career relevant information (e.g. need for health professions in ND, scholarships, loan repayment, and preparatory classes to be completed in high school) to parents and students attending the state supported Crash Courses. (*Crash Course is a grant funded opportunity through the Bank of North Dakota, Youth Forward, and RUPrepareND.com. Parents and students in grades 7-12 can attend. Eight Crash Course events are being held throughout the state.*)

Existing secondary education program/service: Health career/occupation courses in secondary schools.

Challenge or gap in programs/services: Health career/occupation courses are available in only 31 of 168 secondary schools in ND (3,126 students enrolled), leaving 137 secondary schools, majority rural, with no health career/occupation related course. Also, these classes are geared to 9-12 grade, not middle school. Using the average course enrollment numbers, there are potentially 6,000-7,500 students missing the chance to learn about opportunities in health care. In addition to not having a dedicated course, schools have limited budgets and are unable to purchase all the educational materials they may need and/or coordinate an event related to health careers.

Solution - AHEC's Role: The AHEC fills the gap by making available resources, to all schools, especially those without dedicated programs related to health careers.

For example:

- Educational resources for loan (at no cost) to schools;
- Marketplace for Kids programs that target lower elementary and give them a brief hands on activity to develop career interest.
- R-Cool Health Scrubs Camps – mini-grants to rural schools to conduct a one-day health career camp;
- R-Cool Health Scrubs Academy – Students apply to attend a 3 day on-campus experience, exposing them to a variety of health careers);
 - For the fifth year an Academy will be held at UND in June (middle school students)
 - The third annual Scrubs Academy 2 will be held in Bismarck in June for high school students
- Health Occupations Partnering with Education (HOPE) mini-grants supporting health career related activities (e.g. career fair, field trip to health care facility, etc.)



Stands for Jobs
NORTH DAKOTA AHEC

Connecting students to careers, professionals to communities, communities to better health |

Workforce development is a combination of multiple activities using a variety of 'touch points' to positively impact the future supply of healthcare professionals by "growing our own" with K-12 activities; arranging **rural** job shadowing for secondary school students, clinical rotations for health professionals students, and IPE experiences to engage students, facilities and communities in order to increase interest in working in a **rural** community; recruiting health professionals to **rural** North Dakota communities; and maintaining competence and skills by providing continuing education and training to health care professionals in **rural** North Dakota.

For more information, contact:

Lynette Dickson, AHEC Program Office Director - lynette.dickson@med.und.edu 701.777.6049

Bill Krivarchka, Eastern AHEC Director - bill@ndahec.org 701.788.4477

Denise Andress, Western AHEC Director - denise@ndahec.org 701.637.0177

Set up
2-11-15
2-4-15

Denise Andrew



Stands for Jobs
NORTH DAKOTA AHEC

Connecting students to careers, professionals to communities, communities to better health |

Date: February 2, 2015

HB 1282: Projected Health Care Needs for North Dakota

North Dakota largest employer next to government – Health Care

- 91% of North Dakota counties have less than the national average of physicians.
- There will be a shortage 200 rural family practice physicians in North Dakota by 2020.
- 50% of rural nurses will retire in the next five years.

Rural Health impact on a community: (Source: National Center for Rural Health Works)

- Quality rural health services in rural communities are needed for good paying jobs, rewarding employment, local economics, enhance local education, vitality of Main Street, and create and attract business and industry.
- On average, 14% of the total employment in rural communities is attributed to the health sector.

Rural Primary Care Physician impact: (Source: National Center for Rural Health Works)

- One primary care physician in a rural community creates 24.2 jobs annually.
- One primary care physician in a rural community generates \$1.4 million in wages, salaries and benefits.
- One primary care physician in a rural community generates \$1.8 million in total annual revenue.
- The total economic impact of a typical critical access hospital is 195 employees and \$8.4 million in payroll.

Most Job Openings in Health Care (Source: Job Service North Dakota)

North Dakota

1. Registered Nurse
2. Nursing Assistant
3. Licensed Practical Nurse
4. Personal Care Aide
5. Home Health Aide

Nationally

1. Registered Nurse
2. Personal Care Aides
3. Nursing Assistant
4. Home Health Aid
5. Licensed Practical Nurse

Health Care Openings Pending Retirement in ND (Source: Center for Nursing, 2014)

Occupation	% to retire by 2022
Licensed Practical Nurse	50% (2026) - 20% (2014)
Registered Nurse	50% (2027) - 20% (2014)
Dentist	37%
Social Workers	21%
Basic EMT	10% (not enough in the ND workforce)
Intermediate EMT	17% (not enough in the ND workforce)
Laboratory	19%

ND Area Health Education Center(AHEC) Budget

ND AHEC Projected Budget Needs

Calendar Years	2013-2014			2014-2015			2015-2016			2016-2017		
	Eastern	Western	Program	Eastern	Western	Program	Eastern	Western	Program	Eastern	Western	Program
Personnel Expenses	161,522	243,511	86,089	166,030	250,604	88,671	174,000	257,696	91,331	182,500	264,789	94,070
Operating Expenses	80,072	80,118	10,512	82,474	80,225	10,836	84,948	80,333	11,161	87,497	80,440	11,495
Annual Proposed Full Budget	241,594	323,629	104,329	248,504	330,829	99,507	258,948	338,029	102,492	269,997	345,229	105,565
HRSA Federal Funding	157,504	157,504	104,329	76,500	174,000	83,500	76,500	76,500	51,000	76,500	76,500	51,000
State Funding	100,000	100,000	0	100,000	100,000	0	225,000	225,000	50,000	225,000	225,000	50,000
Otto Bremer Foundation					50,000							
TOTAL Funding	257,504	257,504	104,329	176,500	324,000	99,507	301,500	301,500	101,000	301,500	301,500	101,000
Budget surplus/deficit	15,910 +	66125	0	72004	6829	0	17552	36529	1492	6503	43729	4565

Eastern ND AHEC

- 3 full time staff : Director, Education Coordinator, and Project Coordinator
- Operational Support includes:
 - K-12 programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Rural Clinical Rotation support – including Interprofessional Clinical Rotations
 - Dental clinical rotations collaborations

Western ND AHEC

- 3 full time staff : Director, Education Coordinator, and Project Coordinator
- Operational Support includes:
 - K-12 programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Rural Clinical Rotation support – including Interprofessional Clinical Rotations
 - Graduate Medical Education (GME) program

Program Office

- 1 FTE (divided between 7 positions) at the UND Center for Rural Health
 - Director of the ND AHEC program
 - Program Evaluation/Tracking and Reporting
 - Workforce Specialist
 - Program Coordination
 - Communications/marketing
 - Website/graphic design
 - Administrative Support
- Operational Support includes:
 - ND AHEC Advisory Board
 - Small portion of program expenses

Federal Investment

2008-2013 = \$2,949,731

2014-2020 = \$1,372,000

Total Federal Investment is \$4,321,731 (2008-2020)

- Federal funding, through the US Department of Health Human Services through the Health Resources Services Administration requires a 1:1 (non-federal) match *(future federal funding, beyond 2015, is contingent on the federal budget).*

March 9, 2015

Attach #1
HB1282
03/09/2015
J# 24496

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee and members of the committee, my name is Denise Andress. I am a registered nurse and Director of the Western North Dakota Area Health Education Center. I am here to testify in support of House Bill 1282.

Thank you for the opportunity to provide testimony regarding the North Dakota Area Health Education Center (AHEC). In the last session, ND AHEC received \$400,000 in state appropriated dollars, administered through the Department of Commerce, to support programming for health care workforce development in North Dakota. As a reminder, the ND AHEC has three core focus areas: Kindergarten through college, rural clinical rotations for health profession students, and continuing education for health care professionals. Each of these core areas is vital for meeting the health care workforce needs of rural North Dakota.

I am excited to share the accomplishments since the last biennium, ND AHEC has:

1. Reached over 4,140 participants and in every county in ND;
2. Supported health occupation activities for students;
3. Assisted 85 students in rural clinical rotations;
4. Contributed towards continuing education for health professionals; and
5. Increased the number of HOSA-Future Health Professionals student led high school organization chapters from 3 to 9; and student membership grew from 30 to 191 with 10 advisors.

I will highlight three key programs:

HOSA-Future Health Professionals is a student led high school organization. It is the ONLY health care specific student organization in the state. As I previously mentioned, we currently are working with 191 students and have begun tracking them as they participate in HOSA activities. Currently, in the 167 public high schools in the state, only 46 offer a health career course; with only 34 health career instructors; 24 of which are in our four large or urban communities and only 10 serving rural. HOSA-Future health professionals program fills the gap in rural communities by utilizing rural health care professionals to mentor students. Through this program we are working to grow the pipeline of students who become health care providers in the state of North Dakota.

ND AHEC also supports health profession students in existing rural experiences and also assists with arranging new rural clinical rotations. More importantly, we work directly with these students to engage them in local activities outside of work. Recruitment of health care providers is easier if they have had the opportunity to 'live local' and get to know the people and the community environment. Sometimes the activities include, but are not limited, to a volleyball game or even a chili feed fundraiser for the volunteer fire department. We are also tracking these students in an effort to identify what health care related activities they participated in and where they put roots down.

Graduate Medical Education (GME) is an exciting opportunity for ND AHEC to collaborate with our rural hospitals and the UND School of Medicine and Health Sciences to establish a framework to identify the feasibility and potential of expanding rural family residency training. This is one more example of how the ND AHEC is expanding health care programs in rural communities which can improve recruitment and retention.

With all our programs, we are continuously evaluating them to ensure effectiveness in achieving our mission. For students in high school and college we are working with them to identify if they plan to attend college, where they are going to college (in or out of state), what health care career path they are pursuing, and whether they would like to work in primary care area or in a rural and/or an underserved area. To receive federal funds we are obligated to report specific program data; however, we have expanded our data collection efforts to better identify the reach of the AHEC and to best meet the needs of our rural communities.

Our rural areas need health care providers, it is more challenging to recruit providers to rural areas as opposed to the urban areas. North Dakota is an agriculture state, the #1 driver of our economy is agriculture. Our communities that support our farmers and ranchers need health care in their community. In 2022, the number one job in North Dakota and nationally will be a Registered Nurse. We are working to support the health care workforce needs in the state by coordinating and sharing existing resources and programs and developing new programs, where there are gaps, such as HOSA-future health professionals, rural clinical rotations and Graduate Medical Education.

I understand the fluctuations in oil prices, and food prices; however, most importantly, as a registered nurse I understand and know health care. No matter what the prices are, people will still need to be cared for and ND AHEC supports the health care workforce needs in rural North Dakota.

A sincere thank you, for your support in the last legislative session. In order to continue the successful work of North Dakota AHEC, and on behalf of our rural communities, please support House Bill 1282.

Thank you,
Denise Andress, RN, MBA
Director, Western ND AHEC
PO Box 615
Hettinger, ND 58639
Phone - 701.928.0830
Email – denise@ndahec.org

March 9, 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Attach #2
HB 1282
03/09/15
J#24496

Madam Chairman Lee and members of the Senate of Human Services Committee. We represent the State Officers of HOSA – Future Health Professionals Student Organization.

We urge you to pass Bill 1282 to request funding for North Dakota AHEC. AHEC has been instrumental in the establishment of HOSA – Future Health Professionals student organization in our state.

HOSA has given us many opportunities to not only compete, but expand our knowledge in a whole different aspect. In three years, HOSA has been able to grow not only in numbers, but in quality. The first year HOSA started, we only had thirty students. Now, three years later, HOSA has grown to more than 170 members from all across the state. Through this tremendous growth, we were able to receive a national charter in only two years. HOSA members now all gather for leadership training in the fall, a state competition in the spring, and some being able to advance onto nationals.

HOSA gives students benefits for their futures. They are able to discover many healthcare professions they did not even know existed. It teaches dedication and perseverance through the use of competition. Students are able to use their leadership skills to create new network connections and also to get involved in their communities. HOSA provides real life experiences to help students obtain different scholarships and job opportunities. HOSA is the only student organization that provides healthcare activities.

By voting yes on HB 1282, it will allow HOSA to expand to more rural areas throughout the state. This gives more students the opportunity to participate in this organization. Thank you for your consideration.

Jessica Stair, State President, ND HOSA

Morgan Sterling, State Vice President, ND HOSA

Abby Kaseman, State Secretary, ND HOSA

→ Cassie Andress, State Treasurer, ND HOSA *Testified*

Michael Hertz, State Parliamentarian, ND HOSA

Attach # 3
HB 1282
03/09/15
J# 24496

March, 9 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Heather Frey, I am here testify in favor of Appropriations Bill 1282 for these reasons:

I urge you to pass Bill 1282 to request funding for North Dakota AHEC. AHEC has been instrumental in the establishment of HOSA – Future Health Professionals student organization in our state. HOSA provides an opportunity for high school students develop leadership skills and it helps them to deepen their desire to pursue a career in a medical field. Many places in North Dakota are already experiencing a health care worker shortage, this is especially true in rural areas. The Bureau of Labor and Statistics predicts that there will be a high demand for nearly all health care workers within the next 10 years. AHEC has partnered with HOSA to help students foster an interest in health care so that we can meet these demands. I have been involved with HOSA for the past three years. Since this time, our chapter has grown from 15 members to 41 members. I have watched students develop leadership skills throughout their involvement as well as foster their passion for pursuing a career in health care. HOSA, which is partnered with AHEC can help alleviate the shortage of health care workers in our state by providing students with these opportunities. Funding of AHEC and HOSA is so important to our students and the future of our state and that is why I urge you to pass Bill 1282. Thank you.

When you have completed your testimony, ask if there any questions and pause. Thank the committee and return to your seat. Further questions may be forthcoming when all testimony has been entered.

Thank you,

Heather Frey
Medical Related Careers Instructor
Bismarck High Schools

March 9, 2015

SENATE HUMAN SERVICES COMMITTEE
HB 1282

Attach #4
HB 1282
03/09/2015
J# 24496

CHAIRMAN LEE AND MEMBERS OF THE COMMITTEE:

For the record my name is Blake Crosby. I am the Executive Director of the North Dakota League of Cities representing the 357 cities across the State.

We are all quite aware of the critical need in rural North Dakota for access to healthcare. It makes no difference if my cities have a clinic or hospital if there is no workforce. Cities in rural North Dakota are seeing resurgence in population, which is adding to healthcare needs, in addition to the needs brought about by the "graying" of a large cohort of the state residents.

HB 1282 is a matching funds bill so the receiving entity will have "skin-in-the-game". This is not a give-away program and we have seen the Department of Commerce, under the direction of Commissioner Anderson, exhibit great care in their usage of taxpayer's dollars.

While the League would like to see the appropriation at the \$1 million level we understand the concern of the current oil prices. When that commodity price increases and stabilizes for a period of time, understanding the Senate and House are looking to save a few days of this session, perhaps there could be a contingency that the appropriation be increased beyond the amended amount of \$200,000.

On behalf of the North Dakota League of Cities; I respectfully request a Do-Pass on HB 1282.

THANK YOU FOR YOUR TIME AND CONSIDERATION. I will try to answer any questions.

March 9, 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Attach #5
HB 1282
03/09/2015
J# 24496

Madam Chairman Lee, and members of the committee, my name is Dr. Jenna Innes.

I am submitting written testimony in favor of HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program. The North Dakota AHEC focuses on providing support across the health care workforce pipeline, to address critical health care workforce shortage, through distribution diversity supply and quality health care professionals.

As an individual who practices veterinary medicine, I was impressed that AHEC recognized and understood the need for this facet of medicine, in addition to those that serve the public as human health care workers. AHEC being focused on rural North Dakota, understands the needs of a rural community. I experienced this first hand as they played a vital role in recruiting me to rural Hettinger, ND. Through their support I was able to relocate and find a successful veterinary practice to perform not only my two month clinical requirements, but to then join the practice as a veterinarian. I am now a member of this rural community and look forward to continuing to build my career and life in a region that, without AHEC, I may have never known as a possibility.

AHEC also allowed me the opportunity to participate in the HOSA Future Health Professional program during the 2014 Spring Leadership Conference. I was able to judge and mentor high school students interested in veterinary medicine and discover their passion for health care. AHEC provides the HOSA program to members throughout North Dakota, inspiring their interest at the high school level, to explore all medical related occupations. Through hands on activities, HOSA provides an opportunity for students to delve into and unearth the versatility of the medical profession.

In closing, I would like to apologize for my inability to testify in person, but thanks to AHEC, I am gainfully employed and unable to currently take time off. I appreciate your support of AHEC and hope you will vote yes on HB 1282. Thank you for your time and consideration.

Dr. Jenna Innes
Veterinarian at West River Veterinary Clinic

Testimony to the Senate Human Services Committee
Senator Judy Lee, Chairman
Monday, March 9, 2015

Attach #6
HB 1282
03/09/2015
J# 24496

Good morning, Senator Lee and committee members. My name is Lynette Dickson and I am an Associate Director at the Center for Rural Health, which is located within the School of Medicine and Health Sciences (SMHS); and Director of the Area Health Education Center (AHEC). I would first like to thank you, and your fellow legislators, for providing support in the last biennium for healthcare workforce activities, through the AHEC. I will provide a brief background of the AHEC program. In 2008, the Center for Rural Health was awarded a new AHEC grant through the Health Resources and Service Administration (HRSA), Department of Health and Human Services. AHEC programs are required to be administered through medical schools (unless there is not a medical school in the state). Today, 554 AHEC programs with more than 225 centers operate across the country. In North Dakota, the Center for Rural Health, located in the School of Medicine; administers the federal grant and is designated as the AHEC State Program Office. The federal AHEC program guidelines task the Program Office with supporting and guiding the regional centers which are required to be located in rural communities in order to directly serve rural communities. In addition, 75% of the federal funding must be distributed directly to the regional centers and there is also a 1:1 non-federal match requirement. The CRH uses the (25%) federal funds to assist the regional centers with participant/program tracking, evaluation, graphic design, web design and maintenance, communication/promotion so they can use their time and resources for their programs which you will hear about today. The \$400,000 received in the most recent biennium, administered through the ND Department of Commerce; as well as other foundation funding is typically used only in the two regional centers, unless otherwise designated.

We acknowledge and agree that recruiting and retaining primary care providers, and other health professionals, is the responsibility of local health care facilities. However, we also know the reality of how very stretched the limited staff and finances are in our rural communities.

Therefore, the AHEC, and other statewide partners are integral to expand the reach of local recruiting efforts by coordinating activities and leveraging a variety of resources. As is common in most initiatives, building collaborative trust relationships is fundamental to success. The AHEC staff has successfully served as “the glue” that brings the needed resources to communities, local health organizations, health providers, schools (e.g.

elementary/secondary/post-secondary), and others, to improve health workforce options and opportunities for all North Dakotans. As you will hear today workforce development is multi-faceted and we cannot rely on any one agency, institution or program as THE solution. It is critical to approach this at various points along the workforce pipeline – ‘growing our own’ through K-12 activities; exposing current health professional students to rural experiences; assisting with recruitment of current health professionals.

In your packet you will find several letters of support and/or testimony from key stakeholders/partners. If time permits, I would like to share a couple of those testimonies.

Thank you for the opportunity to present today.

Lynette Dickson, MS, RD, LRD

*Associate Director, Community Outreach and Engagement/Center for Rural Health
Director/Area Health Education Center(AHEC)*

University of North Dakota, School of Medicine and Health Sciences

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Attach #17
HB 1282
03/09/2015
J# 24496

March 9, 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Bill Krivarchka, Director of the Eastern ND Area Health Education Center (AHEC), I am here to testify in favor of House Bill 1282.

The public is well aware of the medical contributions that rural health providers deliver to rural residents but the economic contributions that rural health care provides to the local community are equally important. It is crucial that rural residents have access to quality health care. It is crucial to generate and retain health care services and health care jobs in rural areas.

Currently,

- Of the 11 largest employers in the state of North Dakota, (with state government being the largest employer), the next 10 largest employers are all related to health care.
- 91% of North Dakota counties have less than the national average of physicians.
- There will be a shortage 200 rural family practice physicians in North Dakota by 2020.
- 50% of rural nurses will retire in the next five years.

Rural Health impact on a community:

- Only about 10% of the physicians practice in rural America, despite the fact that nearly one fourth of the population lives in rural areas.
- Quality rural health services in rural communities are needed for good paying jobs, rewarding employment, and “trickle” down local economics, enhance local education, vitality of Main Street, and create and attract business and industry.
- On average, 14% of the total employment in rural communities is attributed to the health sector. (Lisbon, ND, population 2300, has a health care workforce of over 650. Northwood, ND, population 1000, has a health care workforce of 1000, the largest employer in the community).
200

Rural Primary Care Physician impact:

- One primary care physician in a rural community creates 24.2 jobs annually.
- One primary care physician in a rural community generates \$1.4 million in wages, salaries and benefits.
- One primary care physician in a rural community generates \$1.8 million in total annual revenue.
- The total economic impact of a typical critical access hospital is 195 employees and \$8.4 million in payroll.

Most Job Openings in Health Care North Dakota

1. Registered Nurse
2. Nursing Assistant
3. Licensed Practical Nurse
4. Personal Care Aide
5. Home Health Aide

Nationally

1. Registered Nurse
2. Personal Care Aides
3. Nursing Assistant
4. Home Health Aid
5. Licensed Practical Nurse

Health Care Openings Pending Retirement

Occupation	% to retire by 2022
Licensed Practical Nurse	50% (2026) - 20% (2014)
Registered Nurse	50% (2027) - 20% (2014)
Dentist	37%
Social Workers	21%
Basic EMT	10% (not enough in the ND workforce)
Intermediate EMT	17% (not enough in the ND workforce)
Laboratory	19%

How do we attract and retain quality health care in rural North Dakota?

- By exciting students to explore, to study, and to become rural health care providers.
- By assisting colleges and universities to create clinical experience rotations and interprofessional experiences with rural health care organizations, critical access hospitals and rural health providers.
- By supporting continuing education for health care workers in rural areas.
- By creating policy to encourage and support admissions in health care professionals.

The first AHEC was established in 1972 at Duke University in North Carolina. Their forty two years of evaluation and research has shown that any student "touched" by the AHEC Programs and mission will have an 18% increase in returning to provide health care to rural communities.

An 18% return to rural, would translate to an increase of 11 medical students (1st year class of 60 medical students) of North Dakota's sons and daughters becoming health professionals who work to improve health care access and economic development in our rural and underserved communities.

[Insert North Dakota AHEC Budget]

A couple of weeks ago a YouTube phenomenon went viral. Individuals were shown a dress and were asked what color dress they saw. Many saw a black and blue dress and equally as many saw a gold and white dress. But everybody did agree that indeed they saw a dress.

When you look at AHEC what do you see?

A \$200,000 Department of Commerce/AHEC funded program will possibly look like a (1) half-time staff in each AHEC region with the sparse ability to support AHEC programs and its mission.

A \$400,000 Department of Commerce/AHEC funded program will possibly resemble (2) half-time staff in each AHEC region and support existing AHEC programs but support of dental clinical rotations and Graduate Medical Education would not exist.

A \$600,000 Department of Commerce/AHEC funded program allows for continuance of full staffing in both AHEC regions allowing continued support for all AHEC programs and the implementation of dental clinical rotations and Graduate Medical Education.

With the ability to access and develop external funding sources, a solid foundation allows for the AHEC we now see!

What AHEC do you see?

The North Dakota AHEC respectfully requests funding of ~~\$1,500,000~~ as stated in House Bill 1282 to sustain a successful statewide, community-based AHEC infrastructure to support health workforce priorities.

Thank you for your support and I urge "do pass" on House Bill 1282.

Respectfully submitted,

Bill Krivarchka, Director
Eastern ND AHEC
42 6th Ave SE, Mayville, ND
701.788.4477
Bill.krivarchka@mayvillestate.edu

Attach #8
HB 1282
03/09/15
JH 24496

March, 9 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Joelean Lowman and I am a medical related careers teacher. I am here testify in favor of House Bill 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC). The North Dakota AHEC strives to improve access to healthcare in rural and underserved areas.

I have worked with North Dakota AHEC in the high school setting on a number of projects over the past few years. As a teacher of students interested in careers in health, AHEC has provided many learning opportunities to help students develop and expand their interest in health careers and encourage them to pursue a career in medicine.

North Dakota AHEC has been a wonderful support to the medical careers programs over the past years. They have assisted with many hands-on days to expose students to a variety of health careers. Opportunities NDAHEC have provided to our students have included experiential activities in dental health, first aid and CPR, surgical skills, IV's, injections and the digestive system to name a few. NDAHEC has also helped to bring HOSA – future health professionals to the state. This is an extremely beneficial organization for students interested in pursuing a career in medicine. This organization helps to build leadership skills necessary in health care workers. Through HOSA students have competed in state competitions where they are compete against students from across the state in areas related to healthcare. HOSA also hosts a fall leadership conference which allows students to network with other students across the state, learn about careers in medicine and further develop leadership skills. There is currently a shortage of healthcare workers in ND. NDAHEC, through educational programming and HOSA, is working to build a future workforce in healthcare for the state of North Dakota.

I believe NDAHEC is helping to meet the future health care needs of our state through its support of students, professional providers, and rural communities.

Joelean Lowman

March 9, 2015
Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, July Lee

Madam Chairman Lee, and members of the committee, my name is Dr. Catherine Houle.

I am submitting written testimony in favor of HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program, on behalf of United Clinics physician and West River Health Services. The North Dakota AHEC focus on providing support across the health care workforce pipeline to address critical health care workforce shortage through distribution diversity supply and quality health care professionals.

As you are aware, the State of North Dakota faces critical shortages in all areas of health care workforce. This ranges from certified nurse assistants, qualified LPNs and RNs, midlevel care providers, such as nurse practitioners and physician assistants, qualified mental health professionals, and, of course, physicians. As a practice that operates in a very rural part of our state we know acutely how important it is to have a good pipeline of students in all of these disciplines who have a strong rural background and an understanding of the needs of rural people. Through our collaboration with the local AHEC in western North Dakota and through our contacts with the Center for Rural Health in the North Dakota AHEC, our facility has in the past been able to have assistance with programs such as the Search Program for undergraduate medical professionals through assistance with our ROME program, which is the rural opportunities for medical education program. In addition, the AHEC in Western North Dakota has been helpful in the establishments of a rural training program in family medicine that will be beginning in Hettinger this next summer. Through their support, we have been able to network with the appropriate agencies and individuals in the state to help with this initiative.

In addition, the AHECs are charged with reaching into undergraduate training and even into the high school and elementary curriculum to try to help steer students with interest and abilities into the health science professions. Locally this effort has taken many forms, most recently with the development of HOSA (Health Occupation Student Association) chapter that was established in a local high school. As a physician, I find this very exciting because it opens the eyes of some of our students to the skills needed for health care careers and also to some of the opportunities available. On a more personal level as the mother of a high school student who is interested in health careers it gives him an opportunity to see his options through the eyes of someone who is not nagging him about his homework.

I really appreciate the services the AHECs offer and I think that they will become a more and more valuable tool as we look to the future meeting some of our critical shortages in health care providers from certified nursing assistants all the way up through specialists.

In closing, I would like to say that United Clinic physician and West River Health Services are please to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern and Western North Dakota Area Health Education Centers. I believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and will help provide quality health for North Dakota.

I appreciate your support of AHEC and hope you will vote yes on HB 1282. Thank you.

Catherine Houle, MD
President of United Clinic Physicians
Site Director Hettinger Rural Training Program

March 9, 2015

Legislative Testimony in Support of the ND AHEC
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Jeff Hostetter. I am the program director of the UND Center for Family Medicine residency here in Bismarck. As an employee of the UND School of Medicine and Health Sciences (SMHS) and thus the state of ND, I will not be giving testimony in support of a specific bill; however, I will give testimony and provide education to the committee about the outstanding work the AHEC's perform in development of the medical workforce in ND.

The AHEC program is a cooperative federal, state, and private endeavor with a long and successful history of medical workforce development in many states in our region. The ND AHEC was initially set up with the guidance and expertise of the Center For Rural Health in the UND SMHS, and while the AHEC is now its own separate entity outside the Center and the SMHS, all three still work cooperatively to coordinate our workforce enhancement efforts as much as possible.

You will likely hear other testimony about many of the various programs supported by the AHEC. I will address my remarks to three examples of AHEC programs that enhance residency and medical school education.

First, this February, myself along with consultants from the federally-funded Rural Assistance Center will be completing a feasibility study in the Watford City and Hazen/Beulah areas in order to start the process of developing a plan to eventually bring resident physicians to train in these two hospitals. As you may know, approximately 80% of residents practice within 100 miles of where they did their residency. This fact dictates that the best way to recruit physicians to rural areas is to train them there. This has led to the development of rural residency sites around the country and most recently in Hettinger and Williston. This newest effort in Watford and Hazen/Beulah would not have come to fruition if not for the efforts of the AHEC staff in gathering people and resources to produce the grant proposal that was eventually funded. This is only the first step for these two communities, but it is a crucial one.

Second, the AHEC coordinates and puts on many camps, clubs and other activities for high school and junior high students like the Scrubs Camps and the HOSA chapters that give young people the opportunity to learn about medical careers and to help them make more informed decisions about whether one is right for them. These activities also provide opportunities to connect these young people to practitioners who can serve as mentors and guides as they navigate the complexities of medical training.

Finally, the AHEC provides much needed scholarship funding to students in medical training in many fields to do rotations and classes in rural hospitals and clinics. Without these scholarship funds, the hospitals nor the students would be able to afford to have them come to the rural site to experience training that is unique to rural medicine. This in turn increases the chances that the student will one day practice in a rural setting.

8.4

In summary, the AHEC serves as a key partner with the Center for Rural Health and the SMHS, and has made possible many opportunities for ND young people that will undoubtedly influence them to be among the future health care providers of the state.

Thank you for your time, efforts, and attention.

Respectfully,

Jeffrey E. Hostetter, MD
Program Director
UND Center for Family Medicine Bismarck

March 9, 2015

Legislative Testimony in Support of HB 1282

Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee and members of the House Human Services Committee. I am Darrold Bertsch, CEO of Sakakawea Medical Center in Hazen and the CEO of Coal Country Community Health Center in Beulah. I am providing testimony in support of HB 1282.

The ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals. As a member of the Western AHEC Advisory Board, I work closely with the North Dakota Area Health Education Center (AHEC). The ND AHEC has been instrumental in assisting Coal Country Community Health in Beulah, Sakakawea Medical Center in Hazen, and McKenzie County Health Care Systems in Watford City by providing guidance in pursuing the development of a Graduate Medical Education (GME) program at these sites. These facilities serve rural populations that are impacted by energy development, which has been accompanied by increasing pressures on the health care systems in these areas. The increased demand; however, has also presented increased opportunities for medical training. The rural GME program creates a unique opportunity to enhance the recruitment and retention of physicians to rural areas, while providing an exceptional training experience to family medicine in rural western North Dakota such as residency rotations and future rural training tracks.

ND AHEC has built the infrastructure for the HOSA-Future Health Professionals program. While working with students and advisors in high schools in North Dakota. The membership for this 100% health care based programs excites students about the opportunity for health care professions. They are building the platform for the people of North Dakota who will be in our health care workforce.

By providing resources to health care students for rural clinical rotations assists rural health care organizations with added opportunity to provide clinical rotations to students in an effort to recruit health care providers. Since the regional centers have been established in the rural areas of North Dakota, they understand the challenges we face in the health care workforce.

In closing, I would like to say that Coal Country Community Health and Sakakawea Medical Center are pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Therefore, I urge a do pass on House Bill 1282.

Thank you.

Darrold Bertsch, CEO

Coal Country Community Health

Sakakawea Medical Center

March 9, 2015

Legislative Testimony for HB 1282

Senate Hyman Services Committee – Chairman, Judy Lee

Madam Chairman Lee and members of the committee, my name is Christopher Schauer, I am here testify in favor of HB1282:

I am here today to urge your support for HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program. The AHEC is a statewide organization that assists in the recruitment, distribution, supply, and development of quality personnel who provide health services in rural communities in North Dakota.

As the Chairman of the Board for the Western AHEC and a founding board member, I have witnessed the evolution of the ND AHEC, both at the regional and state level. The ND AHEC was created initially with federal funding and has been supported with additional grant funds. Legislated appropriations are being sought at this time to support the ongoing efforts of the North Dakota AHEC, providing stability to a program that is vital to the state. The work of the AHEC addresses a fundamental quality of life issue: health care in rural communities. Specifically in western ND, the AHEC can provide numerous resources to assist the medical community in servicing the needs of our rural agricultural population, as well as providing resources to the Oil Patch as it struggles to maintain quality and timely health care, particularly in the smaller communities that may not have competitive salaries and rely on volunteers for much of their emergency health care. Assisting in recruiting new health care providers, from high school students becoming EMT's and serving on their local volunteer services, to recruiting potential doctors, nurses, dentists, and other health care providers to serve our rural communities, is the vital mission that is not addressed adequately and that AHEC's can assist in. Additionally, providing new experiences for potential ND residents through clinical rotations, and providing continuing education opportunities to services that cannot provide their own is a service that AHEC can provide. As one example, our rural ambulance services (which I serve on as an EMT on as well as squad leader) do not have the resources in place to address these issues, as 90-95% of rural emergency personnel in ND are volunteers and simply do not have the time to adequately recruit new members and educate their current members. However, as a lifelong ND resident, I believe that if we can recruit our youth to the healthcare community, either as a volunteer or employee, which once they get here they will stay here! But, we need extra time and labor to accomplish this mission.

In summary, the ND AHEC is committed to providing K-16 programs to increase health career awareness, assist health profession students with rural clinical experience placements, and provide continuing education for a variety of rural health care providers. All of these efforts result in maintaining support and sustainability of quality healthcare in our rural communities. I appreciate your support of sustainable rural healthcare and hope you will continue your support by voting yes on HB 1282. Thank you.

Sincerely,

Christopher Schauer, PhD
Chairman of Board, Western AHEC

DAKOTA NURSING PROGRAM

Bismarck State College • Dakota College at Bottineau • Lake Region State College • Williston State College

8.7

January 21, 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Julie Traynor.

I am in favor of HB 1282, an appropriations bill for the purpose of supporting the North Dakota Area Health Education Center (AHEC) Program. This organization has assisted the Dakota Nursing Program in accessing simulation equipment for students in Mayville, Minot, Williston and New Town during the past 2 years. AHEC has offered not only the use of the simulators but also the expertise of AHEC personnel in running the simulators so the nursing faculty could facilitate the learning with students. These are the students who are the future nurses working in health care facilities in rural communities in the state of North Dakota.

AHEC has collaborated with the Dakota Nursing Program to implement the nursing program into the Mayville area. There is a great need for nursing not only in rural ND but also in the more populated Red River Valley cities. AHEC saw a need and got the right people together to develop the program. Lake Region State College has a practical nursing and a registered nurse program located on the Mayville State University campus. As a result of this collaboration we are now developing an articulation agreement with Mayville State University to facilitate our students to articulate into a baccalaureate program.

AHEC representatives collaborate with the ND Partners in Nursing Gerontology Consortium Project as active members of the committees. They bring networking, marketing and education expertise to the table. AHEC staff have presented at many nursing and medical conferences and meetings throughout the state since they became active in ND.

I see AHEC involved in Career Fairs and Scrubs Camps across the state in the towns also served by the Dakota Nursing Program. They are committed to increasing health career awareness in our elementary and high school students. They have the staff with the knowledge and connections to be able to be a legitimate resource.

Our rural nursing students have been supported with AHEC funds as they travel to clinical in different locations. For example, all of our practical nursing students travel to Jamestown for a 2 day clinical at the ND State Hospital. They stay in a hotel and have other travel expenses. AHEC has been able to assist them and ease the heavy financial burden that they carry.

We are looking forward to collaborating with AHEC in the future to create interdisciplinary opportunities for our students. The Institute of Medicine encourages nursing students to work with other healthcare students to develop that teamwork mentality that will help them to be safer practitioners in the future.

I appreciate your support of AHEC in helping us to “Grow our own nurses” in North Dakota and hope you will vote yes on HB 1282. Thank you.

Julie Traynor, MS, RN
Director
Dakota Nursing Program
Julie.Traynor@lrsc.edu
701.662.1492 (Office)

March 9, 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Dr. Bleaux Johnson, I am one of the partners at West River Veterinary Clinic in Hettinger, North Dakota. I am providing written testimony in favor of House Bill 1282.

In the spring of 2014, we were fortunate to obtain the services of North Dakota Area Health Education Center where they provided financial resources for Jenna Innes' rural clinical rotation in veterinary medicine. With the assistance we received, we were able to recruit, Dr. Innes as a full time veterinarian in a rural area.

It is our experience, as our business has grown, that it is difficult to recruit young, single, professionals to remote areas. With the assistance of the North Dakota AHEC, we were able to entice Dr. Innes into a rural clinical rotation. Dr. Innes' was required to complete a two month rotation through Auburn University. In that time, we were able to determine if she was a right fit for the business and community and offered her a position as a full time veterinarian.

Required clinical rotations to rural areas are costly to students and AHEC assistance provide incentive that help in our recruiting process. The incentive through travel reimbursement or housing allowance which assists the student as it allows them to focus on being a student and having a great experience in a rural community.

The recruitment of these professionals does not end with their employment. As a small business we are constantly working to retain professionals. We are greatly challenged by living in a remote area of North Dakota. We have worked with our young professionals to assist in recruiting other professionals in the areas. With the assistance of the ND AHEC, we are able to make connections in the state to recruit other positions necessary for us to do business.

Living in rural North Dakota I understand the needs of a community. No matter what the future holds for North Dakota, we are in critical need of health care providers. Recruitment to rural areas should be a priority. North Dakota AHEC works with our communities to provide opportunities which cannot be otherwise obtained. For these reasons, I urge you to vote yes on HB 1282.

Thank you,

Bleaux Johnson, DVM
West River Veterinary Clinic

March 9, 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Rachel Fearing, and I am submitting written testimony in favor of appropriations for the North Dakota Area Health Education Center (AHEC).

As a third year medical student at the University of North Dakota I've been given the opportunity to participate in Rural Opportunities in Medical Education and directly benefit from the AHEC this past fall in Hettinger, ND. While there I learned about the challenges physicians in rural communities face, including the lack of equipment and staff, but also observed physicians from several different specialties working together on a daily basis in order to provide the optimal care for their patients. I personally experienced the reward of becoming part of a close knit community through volunteerism and the opportunity to serve people in such an intimate way.

Being a student I was given responsibilities above and beyond what I would have been exposed to in a larger training facility. I enjoyed the challenges and learning opportunities we faced daily, yet truly believe I contributed towards helping these professionals serve their patients.

I'm sure you know those of us who choose to practice medicine face not only significant educational and regulatory hurdles to begin our goal of diagnosing and treating people back to health, but often at significant financial expense. According to the Association of American Medical Colleges, the most recent medical students graduated with an average of over \$176,000 in debt. Apart from physicians so far earning good incomes once they beginning practicing, this is another significant barrier for young adults to consider a profession in medicine or embark on a rural clinical experience.

Without these programs students wouldn't be exposed to rural health and a unique community experience, likewise rural hospitals and communities wouldn't benefit from the spirit and sweat of medical students. Thank you for considering my testimony in support of appropriating funds for AHEC.

Thank you.

Rachel M. Fearing, MSIII
University of North Dakota School of Medicine

March 9, 2015

Legislative Testimony for House Bill 1282
Senate Human Services Committee – Chairman, Judy Lee

Madam Chairman Lee, and members of the committee, my name is Megan Oase, I am a Nurse Practitioner at West River Health Services in the Bowman North Dakota satellite clinic and I am here testifying in favor of House Bill 1282.

I am a recent graduate in the Nurse Practitioner program through Regis University in Denver, Colorado. I currently work full time as a Nurse Practitioner in a rural area in southwestern North Dakota. As a health care student and now working in a rural area, I understand the challenges rural communities face in the critical need for health care providers, not only on a professional level, but also on a personal level. The access to care of qualified health care professionals is important for our rural communities. I am fortunate for the staffing today at our clinic that I am able to attend this testimony in person. Very often this is not the case.

I was able to utilize the resources of ND AHEC to supplement the cost of my required clinical rotation. The cost of travel for students who are in school can sometimes be taxing and some students cannot afford to do so. The support from ND AHEC during my clinical rotation, gave me the opportunity to experience how rural satellite clinics work and most importantly how I would fit in as a provider. I was recruited to this rural clinic, and AHEC assisted with the rotation assuring me this was the best fit from my future practice.

My experience with ND AHEC was nothing but positive. I found the application process to be simple and straight forward, and I was fortunate enough to receive funding through ND AHEC for the mileage I traveled during my clinical rotations in rural satellite clinics throughout the spring of 2014. On a typical clinical day, I was driving approximately 40 miles in one direction for my clinical hours, and the funds I received were truly instrumental in my ability to continue doing so. After multiple interactions with different employees, I received nothing but professional and courteous assistance.

I look forward to the other program of the ND AHEC, such as HOSA-Future Health Professionals. This would be a great for me to mentor students to encourage them to choose a health care profession, and hopefully work in a rural area, just as I do. I want to let them know what community is about and how it has greatly impacted my life.

ND AHEC was incredibly helpful for me during my schooling and clinical rotations, and no other organization had stepped forward to assist me in my clinical rotation. ND AHEC understands the challenges in recruiting and retaining health care professionals. Therefore, I urge a do pass on House Bill 1282 to allow them to continue the great work in North Dakota.

Thank You,

Megan Oase
Nurse Practitioner

ND Area Health Education Center(AHEC) Budget

ND AHEC Projected Budget Needs												
Calendar Years	2013-2014			2014-2015			2015-2016			2016-2017		
	Eastern	Western	Program	Eastern	Western	Program	Eastern	Western	Program	Eastern	Western	Program
Personnel Expenses	161,522	243,511	86,089	166,030	250,604	88,671	174,000	257,696	91,331	182,500	264,789	94,070
Operating Expenses	80,072	80,118	10,512	82,474	80,225	10,836	84,948	80,333	11,161	87,497	80,440	11,495
Annual Proposed Full Budget	241,594	323,629	104,329	248,504	330,829	99,507	258,948	338,029	102,492	269,997	345,229	105,565
HRSA Federal Funding	157,504	157,504	104,329	76,500	174,000	83,500	76,500	76,500	51,000	76,500	76,500	51,000
State Funding	100,000	100,000	0	100,000	100,000	0	137,500	137,500	25,000	137,500	137,500	25,000
Otto Bremer Foundation					50,000							
TOTAL Funding	257,504	257,504	104,329	176,500	324,000	99,507	214,000	214,000	76,000	214,000	214,000	76,000
Budget surplus/deficit	15,910 +	66125	0	72004	6829	0	44948	124029	26492	55997	131229	29565

Eastern ND AHEC

- 2 full time staff : Director and Project Coordinator
- Operational Support includes:
 - K-12 programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Rural Clinical Rotation support – including Interprofessional Clinical Rotations
 - Dental clinical rotations collaborations

Western ND AHEC

- 3 full time staff : Director, Education Coordinator, and Project Coordinator
- Operational Support includes:
 - K-12 programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Rural Clinical Rotation support – including Interprofessional Clinical Rotations
 - Graduate Medical Education (GME) program

Program Office

- 1 FTE (divided between 7 positions) at the UND Center for Rural Health
 - Director of the ND AHEC program
 - Program Evaluation/Tracking and Reporting
 - Workforce Specialist
 - Program Coordination
 - Communications/marketing
 - Website/graphic design
 - Administrative Support
- Operational Support includes:
 - ND AHEC Advisory Board
 - Small portion of program expenses

Federal Investment

2008-2014 = \$3,283,731

2015-2020 = \$1,038,600 (Projected)

Total Federal Investment is \$4,322,331 (2008-2020)

- Federal funding, through the US Department of Health Human Services through the Health Resources Services Administration requires a 1:1 (non-federal) match (*future federal funding, beyond 2015, is contingent on the federal budget*).

Attach # 9
 HR 1282
 03/09/15
 J# 24496

ND Area Health Education Center(AHEC) Budget

\$200,000 - State Funding Impact						
Calendar Years	2015-2016			2016-2017		
	Eastern	Western	Program	Eastern	Western	Program
Personnel Expenses	174,000	257,696	91,331	182,500	264,789	94,070
Operating Expenses	84,948	80,333	11,161	87,497	80,440	11,495
Annual Proposed Full Budget	258,948	338,029	102,492	269,997	345,229	105,565
HRSA Federal Funding	76,500	76,500	51,000	76,500	76,500	51,000
State Funding	50,000	50,000	0	50,000	50,000	0
Otto Bremer Foundation						
TOTAL Funding	126,500	126,500	51,000	126,500	126,500	51,000
Budget surplus/deficit	132448	211529	51492	143497	218729	54565

\$400,000 - State Funding Impact						
Calendar Years	2015-2016			2016-2017		
	Eastern	Western	Program	Eastern	Western	Program
Personnel Expenses	174,000	257,696	91,331	182,500	264,789	94,070
Operating Expenses	84,948	80,333	11,161	87,497	80,440	11,495
Annual Proposed Full Budget	258,948	338,029	102,492	269,997	345,229	105,565
HRSA Federal Funding	76,500	76,500	51,000	76,500	76,500	51,000
State Funding	100,000	100,000	0	100,000	100,000	0
Otto Bremer Foundation						
TOTAL Funding	176,500	176,500	51,000	176,500	176,500	51,000
Budget surplus/deficit	82448	161529	51492	93497	168729	54565

Eastern ND AHEC

- 2 part time staff : Director and Project Coordinator
- Operational Support includes:
 - Minimal K-12 programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Decreased support for rural clinical rotations – no support for Interprofessional Clinical Rotations
 - Dental clinical rotations collaborations

Eastern ND AHEC

- 1 full time staff Director and 1 part time Project Coordinator
- Operational Support includes:
 - High School career programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Rural Clinical Rotation Support– minimal support for Interprofessional Clinical Rotations
 - Dental clinical rotations collaborations

Western ND AHEC

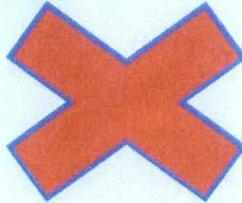
- 2 part time staff : Director and Project Coordinator
- Operational Support includes:
 - Minimal K-12 programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Decreased support for rural clinical rotations – no support for Interprofessional Clinical Rotations
 - Graduate Medical Education (GME) program

Western ND AHEC

- 1 full time staff Director and 1 part time Project Coordinator
- Operational Support includes:
 - High School career programming
 - Administration of HOSA-Future Health Professionals Program needs
 - Rural Clinical Rotation support – minimal support for Interprofessional Clinical Rotations
 - Graduate Medical Education (GME) program

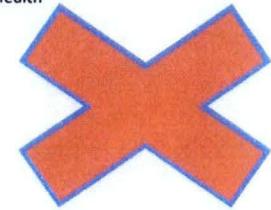
Program Office

- 1 FTE (divided between 7 positions) at the UND Center for Rural Health
 - Director of the ND AHEC program
 - Program Evaluation/Tracking and Reporting
 - Workforce Specialist
 - Program Coordination
 - Communications/marketing
 - Website/graphic design
 - Administrative Support
- Operational Support includes:
 - ND AHEC Advisory Board
 - Small portion of program expenses



Program Office

- 1 FTE (divided between 7 positions) at the UND Center for Rural Health
 - Director of the ND AHEC program
 - Program Evaluation/Tracking and Reporting
 - Workforce Specialist
 - Program Coordination
 - Communications/marketing
 - Website/graphic design
 - Administrative Support
- Operational Support includes:
 - ND AHEC Advisory Board
 - Small portion of program expenses





Stands for Jobs

NORTH DAKOTA AHEC

501 N. Columbia Road, Stop 9037 Grand Forks, ND 58202-9037 • 701.777.3848

www.adaltec.org

Attach 10
HB 1282
03/09/2015
J#24496

ND AHEC LIST OF LETTERS OF SUPPORT

UND School of Medicine & Health Sciences, Joshua Wynne, Vice President for Health Affairs, Dean
National AHEC, Robert Trachtenberg, Chief Executive Officer
North Dakota AHEC, JoNell Bakke, ND AHEC Advisory Board
Eastern ND AHEC, Roger Baier, Chairperson of Eastern ND AHEC Advisory Board
Western ND AHEC, Christopher Schauer, Chairperson of Western ND AHEC Advisory Board
ND Center for Nursing, Patricia Moulton, Executive Director North Dakota Center for Nursing
Sanford Mayville, Roger Baier, Chief Executive Officer
ND Hospital Association, Jerry Jurena, President
Mayville State University, Gary Hagen, President & Keith Stenehjem, VP for Academic Affairs
NDSU College of Pharmacy, Nursing and Allied Sciences, Dean Gross, Ph.D. FNP, DNP/FNP Program Dir.
University of Minnesota School of Dentistry, Paul Schulz, Director of the Division of Outreach
West River Ambulance Service, Christopher Schauer, Volunteer Squad Leader
City-County Health District, Theresa Will, Director
Carrington Health Center, Mariann Doeling, President
Langdon Area High/Middle School, Daryl Timian, Principal & Carla Symons, RN
Career Academy, Dale Hoerauf, Director
Red River High School, Dani Rowekamp, BSN, Medical Careers/CNA Instructor
Rural Behavioral Health Network, Susan Rae Helgeland, Project Director
ND Long Term Care, Shelly Peterson, President
UND School of Medicine & Health Sciences Interprofessional Education, Eric Johnson, MD
CHAD (Community Health Care Assoc. of the Dakotas), Linda Ross, Chief Executive Officer
HOSA Future Health Professionals, Cassie Andress, State Treasurer
HOSA Future Health Professionals, Jessica Stair, President
McKenzie County Healthcare System, Dan Kelly, Chief Executive Officer

Office of the Dean
 SMHS, Room 1930
 501 N Columbia Road Stop 9037
 Grand Forks, ND 58202-9037
 Phone: 701.777.2514
 Fax: 701.777.3527
 med.UND.edu

January 16, 2015

Lynette Dickson, MS
 Director ND AHEC
 Center for Rural Health, UNDSMHS
 501 N Columbia Rd, Stop 9037
 Grand Forks, ND 58202

Dr. Bill E. Krivarchka
 Eastern ND AHEC Director
 Sanford Medical Center Mayville
 42 6th Ave. SE
 Mayville, ND 58257

Denise Andress
 Western ND AHEC Director
 109 S Main St
 PO Box 615
 Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the University of North Dakota School of Medicine and Health Sciences, I am writing to support the North Dakota Area Health Education Center (ND AHEC) Program administered through the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals. The AHECs work closely and in a coordinated fashion with the School and its Center for Rural Health in addressing healthcare workforce issues for the state of North Dakota.

The School and its Center for Rural Health are pleased to continue this relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this partnership is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Sincerely yours,



Joshua Wynne, M.D., M.B.A., M.P.H.
 Vice President for Health Affairs
 Dean



Stands for Jobs
NATIONAL AHEC ORGANIZATION

10.3

Headquarters Office
7044 S. 13th Street
Oak Creek, WI 53154
Tel: (414) 908-4953
(888) 412-7424
Fax: (414) 768-8001
www.nationalahec.org
info@nationalahec.org

The National AHEC Organization supports and advances the AHEC Network to improve health by leading the nation in the recruitment, training and retention of a diverse health workforce for underserved communities.

December 18, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the National AHEC Organization (NAO), I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

NAO is the national member association that supports and advances the AHEC Network to improve health by leading the nation in the recruitment, training and retention of a diverse health workforce for underserved communities, which we do by working closely with our membership of 52 medical schools AHECs, 3 nursing school AHECs and over 250 community-based AHECs throughout the country in a great variety of ways.

Our collective vision is that the AHEC network become the national leader in developing a highly competent and diverse health care workforce for underserved populations. The North Dakota AHEC is a vital component of our national efforts in working to ensure access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships.

NAO is pleased to continue a relationship that is beneficial to both our organization and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. I believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota.

Best regards,


Robert M. Trachtenberg, MS
Chief Executive Officer



Stands for Jobs

NORTH DAKOTA AHEC

501 N. Columbia Road, Stop 9037 Grand Forks, ND 58202-9037 • 701.777.3848

www.ndahec.org

10.4

January 2, 2015

Lynette Dickson, MS, Director ND AHEC
Dr. Bill E. Krivarchka, Eastern ND AHEC Director
Denise Andress, Western ND AHEC Director

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

It is my great pleasure on behalf of the ND AHEC Advisory board to write this letter of support for the North Dakota Area Health Education Center (AHEC) Program. This is a national program that started in 1997 with the mission of supporting and advancing the recruitment, training and retention of a diverse health work force in underserved communities. For the past seven years, the ND AHEC has focused on prompting the collaboration of schools and community organizations to engage in a comprehensive strategy to help eliminate the shortage of health care professionals in underserved areas and correct the uneven distribution of health care providers in our state. We currently have established an office in Mayville and Hettinger to work on this mission.

Our programs include introducing students of all ages to a variety of health careers through school visits, career fairs, and hands-on activities. Although our program is not a part of the UND School of Medicine, we do work closely with UND to provide clinical experiences in rural settings for college students in health care programs of study. The ND AHEC also provides information on scholarships, loan repayment opportunities, continuing education programs, and supports community education programs.

In closing, I would like to say that the AHEC Advisory board is pleased to continue to work with the North Dakota Area Health Education Programs to provide the health care professionals that our state needs to meet the demands of our citizens in both the rural and urban areas of our state. The Advisory Board believes this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health care for North Dakota. Thank you.

Sincerely,

JoNell A. Bakke

JoNell A. Bakke, Chair
ND AHEC Advisory Board

10.5



Stands for Jobs

EASTERN NORTH DAKOTA AHEC

42 6th Avenue SE Mayville 58257 • 701-788-4477
eastern.ndahec.org

January 15, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
103 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress

As Chairman of Eastern ND AHEC Advisory Board, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) and the Eastern North Dakota Area Health Education Center (Eastern ND AHEC). The ND AHEC/Eastern ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

We have found that support afforded us through Eastern ND AHEC, such as the mobile training and support of rural EMS to our Eastern counties, shows how we are meeting some of the goals of Eastern ND AHEC in providing support for quality health care in rural areas.

In closing, I would like to say that Eastern ND AHEC Advisory Board is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Center and the Eastern North Dakota Area Health Education Center. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Roger Baier
Chairman of Eastern ND AHEC Advisory Board
On behalf of Eastern ND AHEC Advisory Borad



Stands for Jobs

WESTERN NORTH DAKOTA AHEC

P0 Box 615 109 South Main Hettinger, ND 58639 • 701.637.0177
western.ndahec.org

12/22/2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Western ND AHEC board of directors, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

The Western ND AHEC board has been integral in the establishment of the Western ND AHEC from the beginning of the program. We have shepherded it through its establishment to where it is today. In western ND, the AHEC can provide numerous resources to assist the medical community in servicing the needs of our rural agricultural population, as well as providing resources to the Oil Patch as it struggles to maintain health care, particularly in the smaller communities. Assisting in recruiting new health care providers, from high school students becoming EMTs to recruiting potential doctors and nurses, and bringing cutting edge technology to rural providers to assist in continuing education are just some of the potential benefits from having a stable AHEC in ND.

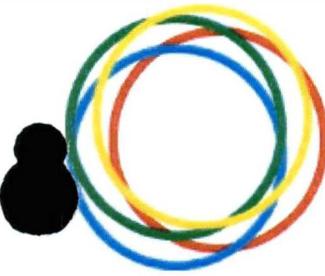
In closing, we would like to say that the Western ND AHEC is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Christopher Schauer, PhD
Western ND AHEC board chairman



10.7



**NORTH DAKOTA
CENTER FOR NURSING**
A unified voice for nursing excellence.

January 14, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the North Dakota Center for Nursing, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

The North Dakota Center for Nursing proudly serves on the ND AHEC Program Office Advisory Board and the ND AHEC has membership on the ND Center for Nursing Board of Directors. Several of our initiatives are complementary and we are able to effectively leverage resources in order to ensure a quality health care workforce in North Dakota.

In closing, I would like to say that the North Dakota Center for Nursing is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. The North Dakota Center for Nursing believes this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Patricia Moulton, PhD
Executive Director
North Dakota Center for Nursing
417 Main Avenue #402
Fargo, ND 58103



December 23, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of Sanford Mayville, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Being rural, we find that sending staff distances for training is almost impossible as it takes staff away from our facility. With the EAHEC mobile training, unit available, we were able to train some of our staff in our own facility. What a positive way to meet needs in rural North Dakota.

In closing, we would like to say that Sanford Mayville is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Roger Baier
Chief Executive Officer

RB:kjm



North Dakota Hospital Association

Vision

The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission

The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

December 22, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Address
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Address,

On behalf of the North Dakota Hospital Association (NDHA) I am writing this letter in support of the North Dakota Area Health Education Center (ND AHEC) Program. This includes the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC).

I appreciate the attention the ND AHEC has placed on providing support across the state of North Dakota in addressing the health care workforce shortage. I hear daily from my membership on the critical need for health care workers. The shortages are in all areas of the delivery of healthcare; from support staff non-licensed through licensed professional health care providers.

We will continue to work with you and to be supportive of your efforts in the education/training of individuals with a desired to be part of the health care delivery model. We cannot solve this crisis without the help of organizations like yours.

To reiterate; the North Dakota Hospital Association is pleased to be associated with AHEC and look forward to continuing our work together to solve this crisis. Sharing of information and education are the solutions to this problem and we both need to be in this together.

Thank you.

Sincerely,

Jerry E. Jurena
President



December 19, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 So. Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress.

On behalf of Mayville State University, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Over the past few years (2010-2014), Mayville State University (MaSU) has been a strong supporter and collaborator with the ND AHEC/E AHEC/W AHEC by agreeing to be the Recipient to the Contractor (University of North Dakota) to assist the performance of the Eastern and Western ND AHEC scope of work. In addition Mayville State University has supported ND AHEC through partnering with K-12 health career fairs, establishment of the Dakota Nursing Program on the Mayville State University campus, establishing the MaSU RN to BSN program in the fall 2014, and collaboration with MaSU STEM (Science, Technology, Engineering, Math) curriculum. Mayville State University also supports ND AHEC by being an Eastern AHEC, Western AHEC and ND AHEC Advisory Board member.

In closing, we would like to say that Mayville State University is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Dr. Gary Hagen, President
Mayville State University

Dr. Keith Stenhjem, VP for Academic Affairs
Mayville State University

*Department of Nursing**College of Pharmacy, Nursing, and Allied Sciences
NDSU Dept. 2670
136 Sudro Hall, P.O. Box 6050
Fargo, ND 58108-6050*

January 28, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Address
Western ND AHEC Dir.
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Address:

On behalf of the NDSU Nursing Department we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.



AHEC has provided support for our family nurse practitioner students in rural clinics. These student opportunities would not be possible without the support we have received from AHEC. Several students, after their participation in these rural sites, have sought out rural sites for employment upon graduation from the NDSU DNP/FNP program, subsequently improving access to primary health care in the rural areas of North Dakota.

In closing, we would like to say that the NDSU Doctor of Nursing practice/Family Nurse Practitioner Program is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Dean Gross Ph.D. FNP
DNP/FNP Program Director
Assistant Professor / Nursing Department
NORTH DAKOTA STATE UNIVERSITY
136 Sudro Hall 222F
Dept. # 2670, P.O. Box 6050
Fargo, ND 58108-6050
Office: (701) 231-8355
Fax: (701) 231-6257
www.ndsu.edu



10.12

University of Minnesota School of Dentistry

Division of Outreach

December 23, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Division of Outreach for the University Of Minnesota School Of Dentistry, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern North Dakota Area Health Education Centers. The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

The Division of Outreach at the University Of Minnesota School Of Dentistry is committed to providing clinical Outreach rotation opportunities for our students to underserved patients. Our students value the clinical opportunities that Outreach clinics provide and understand the importance of treating underserved populations throughout the region. We collaborated with the Minnesota AHEC in the past and understand how the AHEC mission overlaps with the service mission at our School of Dentistry.

In closing, we would like to say that the University Of Minnesota School Of Dentistry Division of Outreach is looking forward to exploring a relationship that is beneficial to both the North Dakota Area Health Education Program and our School. We believe that exploring the possibility of collaboration between our School and the Eastern AHEC association provides the possibility of increased access to dental care in North Dakota and valuable clinical education for our students. Thank you.

Best regards,



Paul D. Schulz
Director of the Division of Outreach
University of Minnesota School of Dentistry
515 Delaware Street SE, Moos 9-426
Minneapolis Minnesota, 55455
612-624-5331

10.13

West River Ambulance Service

PO Box 205

Hettinger, ND 58639

12/22/2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of West River Ambulance Service volunteers, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

As a rural volunteer ambulance service, our largest issues are recruiting new members and providing continuation education to our ambulance squad. The AHEC can provide assistance in these areas through recruitment of high school students into the medical field utilizing Emergency Medical Services as a learning experience for future medical careers, and through assisting in continuing education. For a volunteer ambulance service time is our most precious commodity; the AHEC provides the resources to utilize our time more efficiently, assistance in recruiting new members and technology to make providing continuing education training on par with our urban counterparts.

In closing, we would like to say that the West River Ambulance Service is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Christopher Schauer,
Volunteer Squad Leader, West River Ambulance Service

10.14



Public Health
Prevent. Promote. Protect.
City-County Health District

CITY-COUNTY HEALTH DISTRICT

PUBLIC HEALTH AND HOME CARE

BARNES COUNTY COURTHOUSE
230 4TH Street NW, Room 102
Valley City, ND 58072

PHONE: 701-845-8518

FAX: 701-845-8542

WEB: WWW.CITYCOUNTYHEALTH.ORG

January 21, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of City-County Health District, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Over the years City-County Health District has collaborated with NDAHEC on several projects which potentially benefitted all Barnes County residents. NDAHEC sees the benefits that public health provides and is supportive of projects that effectively promote better community health. With the additions support provided through AHEC, we have been able to provide community education regarding preventive strategies to promote better health and the value of policy, systems and environment changes for improved health. Cultural diversity has been another area in which NDAHEC allowed us funding to educate key community workers allowing us to work more effectively with the many foreign-born residents who are moving to our community.

The first project was a presentation to ND health care professionals by Drs. James Hart and Stephen McDonough. They addressed two goals: increasing skills regarding how to effectively promote better community health by incorporating proven preventive strategies into daily activities, and increasing understanding of the policy and system changes needed to support health improvement. The second project featured Kostas Voutsas, a respected trainer/speaker and Professor of Business at Dickinson State University. He addressed cultural diversity in the community and school settings. This presentation was especially helpful to those who work directly with foreign-born residents in our community.

In closing, we would like to say that City-County Health District is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Theresa Will, RN

Director, City-County Health District

10.15



January 12, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of CHI Carrington Health-Carrington ND, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

ND AHEC is beneficial to CHI Carrington in our rural setting by collaborating organizations to help eliminate shortage of health care professionals in rural areas. ND AHEC works to recruit and sustain health professionals in North Dakota receiving the support from CHI Carrington Health. Rural training and continuing education opportunities that ND AEHC provides is beneficial to all rural communities in North Dakota.

In closing, we would like to say that CHI Carrington Health – Carrington ND is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Mariann Doeling
President

MKD:bp

LANGDON AREA HIGH/MIDDLE SCHOOL
"HOME OF THE CARDINALS"

10.16

FOR EXCELLENCE

PRINCIPAL: DARYL TIMIAN

PHONE: Home 701-256-2687
Work 701-256-5291
FAX: Work 701-256-2606

715 14TH Avenue
Langdon, ND 58249
E-mail: daryl.timian@sendit.nodak.edu

December 18, 2014

Lynette Dickson, MS
Director ND AHEC
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Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress, RN
Western ND AHEC Director
109 So. Main Street
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka and Ms. Andress:

On behalf of Langdon Area High School, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program and the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

We have worked closely with the North Dakota Area Health Education Center (ND AHEC) for several years. ND AHEC has offered educational opportunities for our students in collaboration with our health care facilities and medical professionals to expand their understanding of the many health careers available. Examples would be the HOPE grant, health careers information and statistics (including powerpoints), and expansion of HOSA (Health Occupations Students of America) into North Dakota.

In closing, we would like to say that Langdon Area High School is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

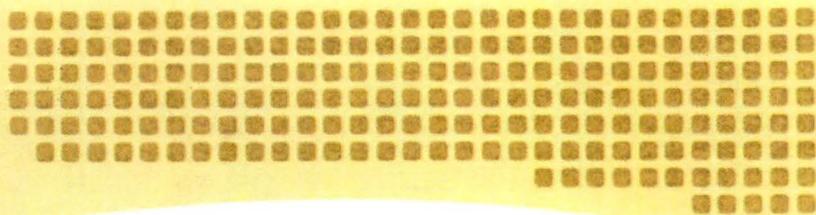
Daryl Timian
Principal
Carla Symons, RN
Instructor—Health Careers



CAREER ACADEMY

BISMARCK PUBLIC SCHOOLS

1221 College Drive
Bismarck, ND 58501



10.17

December 19, 2014

Lynette Dickson, MS
Director ND AHEC
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Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S. Main St
P O Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Medical Careers Instructors for the Bismarck Public Schools we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

NDAHEC has been a wonderful support to our program over the past years. They have assisted with many hands on days to expose students to a variety of health careers. Activities have included experiential activities in dental health, first aid and CPR, surgical skills and the digestive system. NDAHEC has also helped to bring HOSA – future health professionals to the state. This is an extremely beneficial organization for students interested in a career in medicine. This organization helps to build leadership skills with our students as well as provide them with an exposure to a variety of health careers. There is currently a shortage of healthcare workers in ND. NDAHEC through educational programming and HOSA is working to address that issue. NDAHEC is instrumental in helping to build a future workforce in healthcare.

In closing, we would like to say that the Medical Careers Instructors for the Bismarck Public Schools are pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota.



Dale Hoerauf
Director
701.323.4341
dale_hoerauf@bismarckschools.org

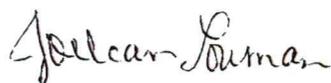
www.bismarckcte.org
701.323.4345 fax
P.O. Box 5587
Bismarck, ND 58506

Brian Beehler
Assistant Principal
701.323.4350
brian_beehler@bismarckschools.org

10.18

Thank you.

Best regards,



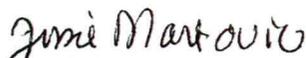
Joelean Lowman
Medical Related Careers Instructor
Bismarck Career Academy/
Missouri River Educational Consortium



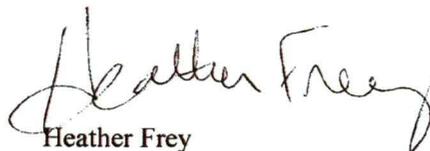
Jessica Mehlhoff
Medical Related Careers Instructor
Bismarck Career Academy



Sarah Berreth
Medical Related Careers Instructor
Bismarck Career Academy



Jessie Markovic
Medical Related Careers Instructor
Century High School



Heather Frey
Medical Related Careers Instructor
Bismarck High Schools



Lorie McCarthy
Medical Related Careers Instructor
Bismarck Career Academy/Legacy High School



Blaine Steiner
Medical Related Careers Instructor
Bismarck Career Academy/Legacy High School

Dale Hoerauf

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Brian Beehler
Assistant Principal
701.323.4350

brian_beehler@bismarckschools.org

10.19

RED RIVER HIGH SCHOOL

Mr. Kristopher G. Arason, Principal
Dr. Kelly D. Peters, Associate Principal
Mr. Christopher C. Douthit, Associate Principal
Mr. Nathan R. Olson, Activities Director

HOME OF THE ROUGHRIDERS

2211 17th Avenue South
Grand Forks, ND 58201
(701) 746-2400
Fax (701) 746-2406



January 14th, 2014

Lynette Dickson, MS
Director ND AHEC
Director

Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director

Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Address
Western ND AHEC

109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Address,

On behalf of Red River High School Medical Careers Program and HOSA Organization, we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

NDAHEC has been instrumental in the initial start up process and support of the student lead organization Health Occupation Students of America (HOSA). Without NDAHEC we would not have HOSA chapters in the state of ND. These organizations focus on student leadership and prepare them to enter the healthcare field. There is a national shortage of healthcare workers and it is imperative that we support organizations that assist student learning and guide them along the health career pathway. NDAHEC has been very supportive of the Medical Related Careers Programs around the state. ADAHEC has also gives students around the state the opportunity to experience different careers in healthcare through hands on activities like CPR and surgical skills.

In closing, we would like to say that RRHS Medical Careers Program is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Dani Rowekamp, BSN
Medical Careers/CNA Instructor
Red River High School



"Grand Forks Public Schools will provide an environment of educational excellence that engages all learners to develop their maximum potential for community and global success."



RBHN Mission: To improve access to behavioral healthcare and eliminate behavioral health disparities in rural and tribal communities

**RBHN GOVERNANCE
COMMITTEE**

*Coal Country Community
Health Centers*

Essentia Health

*Mental Health America
of North Dakota*

MHA Nation

*North Dakota Area Health
Education Center*

*North Dakota Federation
of Families for Children's
Mental Health*

*Sakakawea Medical
Center*

January 14, 2015

Lynette Dickson, MS
Director ND AHEC
Director Center for Rural Health
UNDSMHS
501 N Columbia Rd, Stop 9037
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Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center
42 6th Ave. S
Mayville, ND 58257

Denise Andress
Western ND AHEC
Director
PO Box 615
Hettinger, ND
58639

Dear Ms. Dickson, Dr. Krivarchka and Ms. Andress,

The ND Rural Behavioral Health Network (ND RBHN) supports the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC) and (Western ND AHEC). The ND AHEC/Eastern/Western AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

ND AHEC is an original member of the ND RBHN. Our mission is to improve access to behavioral healthcare and eliminate health disparities in rural and tribal communities. The ND RBHN also includes the following agencies: Coal Country Community Health Centers; Essentia Health; Mandan Hidatsa Arikara Nation; ND Federation of Families for Children's Mental Health; Mental Health America of ND and Sakakawea Medical Center.

In closing, we would like to say that ND RBHN is pleased to continue a relationship that is beneficial to ND RBHN and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers and, most important, the people we both serve. We believe the ND AHEC Centers are worthy for the support of ND RBHN since it meets the needs of future health care students, professional providers, rural and tribal communities and quality health care for North Dakota.

Sincerely,

Susan Rae Helgeland, MS
ND RBHN Project Director

www.ndrbhn.org

10.21



Shelly E. Peterson, *President* • email: shelly@ndltca.org

January 19, 2015

Lynette Dickson, Ms
Director ND AHEC
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Mayville, ND 58257

Denise Address
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Address,

On behalf of North Dakota Long Term Care Association, we are writing this letter to support the North Dakota Area Health Education Center, (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC.) The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

Sufficient staffing continues to be the number one concern facing Long Term Care facilities. Seventy percent of nursing facilities used contract nursing agencies in 2014. Over 15 Million was spent on contract nursing in 2014, an increase of over 22%. Facilities are stopping admission because of staffing. The future looks even more challenging with one-third of the work force currently over 50 years of age.

In closing, we would like to say that North Dakota Long Term Care Association is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education centers. We believe this support is worthy and meet the need of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Shelly Peterson, President
North Dakota Long Term Care Association



January 15, 2015

Lynette Dickson, MS
 Director ND AHEC
 Center for Rural Health, UNDSMHS
 501 N Columbia Rd, Stop 9037
 Grand Forks, ND 58202

Dr. Bill E. Krivarchka
 Eastern ND AHEC Director
 Sanford Medical Center Mayville
 42 6th Ave. SE
 Mayville, ND 58257

Denise Andress
 Western ND AHEC Director
 109 S Main St
 PO Box 615
 Hettinger, ND 58639

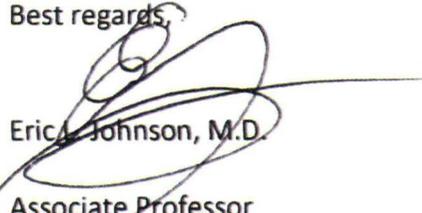
Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the University of North Dakota School of Medicine and Health Sciences, I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

I have worked with them extensively over the last 2 years on interprofessional health science education projects in rural areas. These projects seek to have students from different health science programs (i.e., medicine, pharmacy, nursing, PT, OT, etc) interact with each other in more directed ways to improve team-based health care. These types of activities are known to improve quality and promote a culture of safety in prevention strategies and treatment of a variety of different health care needs. We hope this also gives students opportunities to understand that this can be done in rural areas effectively and that they all support each other in those environments.

In closing, we would like to say that the University of North Dakota School of Medicine and Health Sciences is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,


 Eric Johnson, M.D.

Associate Professor
 Department of Family and Community Medicine
 UNDSMHS
 501 N. Columbia Road

10.23

Grand Forks, ND 58201

Director Interprofessional Education
UNDSMHS

Medical Director
Physician Assistant Program
UNDSMHS

Assistant Medical Director
Altru Diabetes Center
FMC-Altru Health System

Assistant Medical Director
Valley Memorial Homes

President
Tobacco Free North Dakota

(701) 795-2000 Clinic
(701) 777-3811 UND

Bismarck Office
1003 East Interstate Avenue, Ste 1
Bismarck, ND 58503



CHAD
Community HealthCare
Association of the Dakotas

10.24
Sioux Falls Office
1400 West 22nd Street
Sioux Falls, SD 57105
Phone: (605) 357-1515

Phone: (701) 221-9824

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the Community HealthCare Association of the Dakotas (CHAD), we are writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC/Eastern/Western ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

CHAD has a long standing history of collaboration with ND AHEC in providing valuable educational opportunities for our health center providers and staff. We have utilized many programs in North Dakota health centers that were developed by ND AHEC to assist with training and education needs. Additionally, ND AHEC provides great support to CHAD in our efforts to assist health centers in recruitment and retention of qualified health care professionals, especially in areas where we experience chronic shortages of such staff. We value the relationship we have built with ND AHEC and greatly appreciate the work done by their highly skilled and dedicated staff.

In closing, we would like to say that CHAD is pleased to continue a relationship that is beneficial to us and the North Dakota Area Health Education Program and the Eastern/Western North Dakota Area Health Education Centers. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Linda Ross, MBA
Chief Executive Officer

Mission: Enhance Access to Quality Primary Care Through Services to Our Members

www.communityhealthcare.net

10.25



January 20, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

I am writing this letter to support the North Dakota Area Health Education Center (ND AHEC) Program, the Eastern and Western North Dakota Area Health Education Centers (Eastern ND AHEC, Western ND AHEC). The ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

When I became interested in healthcare, I started a HOSA Future Health Professionals chapter in my local town, Hettinger. I am currently the Local President and the State Treasurer. As the president, I do many things such as run meetings, bring new ideas for events and fundraisers to the table, and make sure everything we need done gets accomplished. I have a great team of people helping me and I hope to give HOSA enough momentum to keep it going long after I graduate.

HOSA provides members with many opportunities to make a difference. HOSA is the only program that offers healthcare activities to students. HOSA not only provides opportunities and experiences, but also, HOSA helps students achieve scholarships to help them through their futures. HOSA is a passion for students around the world and we hope we can keep expanding to more and more.

In closing, I would like to say that ND AHEC is a beneficial program in the healthcare field for all of North Dakota. I believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,

Cassandra Andress, State Treasurer, ND HOSA

10.26

December 15, 2014

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dr. Bill E. Krivarchka
Eastern ND AHEC Director
Sanford Medical Center Mayville
42 6th Ave. SE
Mayville, ND 58257

Denise Andress
Western ND AHEC Director
109 S Main St
PO Box 615
Hettinger, ND 58639

Dear Ms. Dickson, Dr. Krivarchka, and Ms. Andress,

On behalf of the students who are involved in HOSA- Future Health Professional. I am writing this letter for the support of the North Dakota Area Health Education Center (ND AHEC) Program. The ND AHEC focuses on providing support across the health care workforce pipeline to address health care workforce shortages through distribution, diversity, supply and quality health care professionals.

ND AHEC has been a wonderful support to the HOSA student organization over the past three years. HOSA has been a wonderful way to expose students to different health related careers while also serving their community. We are able to learn, study, and compete in different competitions that all relate to health careers. HOSA is the only student organization that is solely for health related careers. In just three years we have grown from 15 students to now over 170 which I believe show how much of an impact that this organization is having with students from all across the state. With continued support we would be able to continue expanding to more small towns and also reach more students interested in pursuing a health career. Through a fall leadership conference students are also able to gain new leadership experience, and also participate in different activities that expose a student to different skills used such as starting an IV, or CPR training.

In closing, we would like to say that HOSA- Future Health Professionals are pleased to continue to grow and reach more students through North Dakota Area Health Education Program. We believe this support is worthy and meets the needs of future health care students and professional providers, rural communities and quality health for North Dakota. Thank you.

Best regards,



Jessica Stair
ND HOSA State President
Bismarck Public School

10.27

Zde
AHEC



January 15, 2015

Lynette Dickson, MS
Director ND AHEC
Center for Rural Health, UNDSMHS
501 N Columbia Rd, Stop 9037
Grand Forks, ND 58202

Dear Ms. Dickson,

This letter puts forth the support of the McKenzie County Healthcare Systems, Inc. for the North Dakota Area Health Education Center (ND AHEC) Program. The focus of the ND AHEC is to meet a gap which currently exists in the state of North Dakota that being to bring forth programs to address health care workforce shortages. The focus takes the form of both recruitment of healthcare professionals and program to encourage North Dakota youth to enter into a healthcare profession.

In the near future an individual will actually be located in McKenzie County North Dakota to expand the footprint of services offered in Western North Dakota. Western North Dakota is plagued, given the oil related employment opportunities, with an inability to hire healthcare support and licensed personnel. The presence of an AHEC employee in our area is welcomed.

The McKenzie County Healthcare Systems, Inc. urges continued legislative support for the North Dakota Area Health Education Center program. This support is worthy given the aforementioned focus on the recruitment of future health care students and professional providers for rural communities in North Dakota.

Best regards,

Daniel R. Kelly, CEO

✓ CC: Denise Andress, Western ND AHEC Director

Long Term Care 709 4th Avenue NE, Waford City, ND 58854 **Tel** 701.444.2331

Clinic 525 North Main Street, Waford City, ND 58854 **Tel** 701.842.3771

Hospital 516 North Main Street, Waford City, ND 58854 **Tel** 701.842.3000

March 19, 2015

HB 1282
3-19-15
1

Legislative Testimony for House Bill 1282
Senate Appropriations Committee – Chairman, Raymond Holmberg

Chairman Holmberg and members of the committee, my name is Denise Andress. I am a registered nurse and Director of the Western North Dakota Area Health Education Center. I am here to testify in support of House Bill 1282.

Thank you for the opportunity to provide testimony regarding the North Dakota Area Health Education Center (AHEC). In the last session, ND AHEC received \$400,000 in state appropriated dollars, administered through the Department of Commerce, to support programming for health care workforce development in North Dakota. As a reminder, the ND AHEC has three core focus areas: Kindergarten through college, rural clinical rotations for health profession students, and continuing education for health care professionals. Each of these core areas is vital for meeting the health care workforce needs of rural North Dakota.

I am excited to share the accomplishments since the last biennium, ND AHEC has:

1. Reached over 4,140 participants and in every county in ND;
2. Supported health occupation activities for students;
3. Assisted 85 students in rural clinical rotations;
4. Contributed towards continuing education for health professionals; and
5. Increased the number of HOSA-Future Health Professionals student led high school organization chapters from 3 to 9; and student membership grew from 30 to 191 with 10 advisors.

I will highlight three key programs:

HOSA-Future Health Professionals is a student led high school organization. It is the ONLY health care specific student organization in the state. As I previously mentioned, we currently are working with 191 students and have begun tracking them as they participate in HOSA activities. Currently, in the 167 public high schools in the state, only 46 offer a health career course; with only 34 health career instructors; 24 of which are in our four large or urban communities and only 10 serving rural. HOSA-Future health professionals program fills the gap in rural communities by utilizing rural health care professionals to mentor students. Through this program we are working to grow the pipeline of students who become health care providers in the state of North Dakota.

ND AHEC also supports health profession students in existing rural experiences and also assists with arranging new rural clinical rotations. More importantly, we work directly with these students to engage them in local activities outside of work. Recruitment of health care providers is easier if they have had the opportunity to 'live local' and get to know the people and the community environment. Sometimes the activities include, but are not limited, to a volleyball game or even a chili feed fundraiser for the volunteer fire department. We are also tracking these students in an effort to identify what health care related activities they participated in and where they put roots down.

Graduate Medical Education (GME) is an exciting opportunity for ND AHEC to collaborate with our rural hospitals and the UND School of Medicine and Health Sciences to establish a framework to identify the feasibility and potential of expanding rural family residency training. This is one more example of how the ND AHEC is expanding health care programs in rural communities which can improve recruitment and retention.

With all our programs, we are continuously evaluating them to ensure effectiveness in achieving our mission. For students in high school and college we are working with them to identify if they plan to attend college, where they are going to college (in or out of state), what health care career path they are pursuing, and whether they would like to work in primary care area or in a rural and/or an underserved area. To receive federal funds we are obligated to report specific program data; however, we have expanded our data collection efforts to better identify the reach of the AHEC and to best meet the needs of our rural communities.

Our rural areas need health care providers, it is more challenging to recruit providers to rural areas as opposed to the urban areas. North Dakota is an agriculture state, the #1 driver of our economy is agriculture. Our communities that support our farmers and ranchers need health care in their community. In 2022, the number one job in North Dakota and nationally will be a Registered Nurse. We are working to support the health care workforce needs in the state by coordinating and sharing existing resources and programs and developing new programs, where there are gaps, such as HOSA-future health professionals, rural clinical rotations and Graduate Medical Education.

I understand the fluctuations in oil prices, and food prices; however, most importantly, as a registered nurse I understand and know health care. No matter what the prices are, people will still need to be cared for and ND AHEC supports the health care workforce needs in rural North Dakota.

A sincere thank you, for your support in the last legislative session. In order to continue the successful work of North Dakota AHEC, and on behalf of our rural communities, please support House Bill 1282.

Thank you,
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March 19, 2015

Legislative Testimony for House Bill 1282

Senate Appropriations Committee-Chairman, Raymond Holmberg

HB 1282

3-19-15

#2

Chairman Holmberg, and members of the committee, my name is Bill Krivarchka, Director of the Eastern ND Area Health Education Center (AHEC), I am here to testify in favor of House Bill 1282.

The public is well aware of the medical contributions that rural health providers deliver to rural residents but the economic contributions that rural health care provides to the local community are equally important. It is crucial that rural residents have access to quality health care. It is crucial to generate and retain health care services and health care jobs in rural areas.

Currently,

- Of the 11 largest employers in the state of North Dakota, (with state government being the largest employer), the next 10 next largest employers are all related to health care.
- 91% of North Dakota counties have less than the national average of physicians.
- There will be a shortage 200 rural family practice physicians in North Dakota by 2020.
- 50% of rural nurses will retire in the next five years.

Rural Health impact on a community:

- Only about 10% of the physicians practice in rural America, despite the fact that nearly one fourth of the population lives in rural areas.
- Quality rural health services in rural communities are needed for good paying jobs, rewarding employment, and "trickle" down local economics, enhance local education, vitality of Main Street, and create and attract business and industry.
- On average, 14% of the total employment in rural communities is attributed to the health sector. (Lisbon, ND, population 2300, has a health care workforce of over 650. Northwood, ND, population 1000, has a health care workforce of 250, the largest employer in the community).

Rural Primary Care Physician impact:

- One primary care physician in a rural community creates 24.2 jobs annually.
- One primary care physician in a rural community generates \$1.4 million in wages, salaries and benefits.
- One primary care physician in a rural community generates \$1.8 million in total annual revenue.
- The total economic impact of a typical critical access hospital is 195 employees and \$8.4 million in payroll.

How do we attract and retain quality health care in rural North Dakota?

- By exciting students to explore, to study, and to become rural health care providers.
- By assisting colleges and universities to create clinical experience rotations and interprofessional experiences with rural health care organizations, critical access hospitals and rural health providers.
- By supporting continuing education for health care workers in rural areas.
- By creating policy to encourage and support admissions in health care professional education.

The first AHEC was established in 1972 at Duke University in North Carolina. Their forty two years of evaluation and research has shown that any student “touched” by the AHEC Programs and mission will have an 18% increase in returning to provide health care to rural communities.

An 18% return to rural, would translate to an increase of 11 medical students (1st year class of 60 medical students) of North Dakota’s sons and daughters becoming health professionals who work to improve health care access and economic development in our rural and underserved communities.

[Insert North Dakota AHEC Budget]

A couple of weeks ago a YouTube phenomenon went viral. Individuals were shown a dress and were asked what color dress they saw. Many saw a black and blue dress and equally as many saw a gold and white dress. But everybody did agree that indeed they saw a dress.

When you look at AHEC what do you see?

A \$600,000 Department of Commerce/AHEC funded program allows for continuance of full staffing in both AHEC regions allowing continued support for all AHEC programs and the implementation of dental clinical rotations and Graduate Medical Education.

With the ability to access and develop external funding sources, a solid foundation allows for the AHEC we now see!

What AHEC do you see?

The ND AHEC Program thanks you for your support in the last biennium, it is greatly appreciated and bears the efforts of the AHEC mission with many positive outcomes.

Thank you for your support and I urge “do pass” on House Bill 1282.

Respectfully submitted,
Bill Krivarchka, Director
Eastern ND AHEC