

02/8/2021

Legislative Testimony for House Bill 1142

House Appropriations Human Resources Committee

Chairman Nelson

Mister Chairman, and members of the committee, thank you for hearing us today. My name is Katelyn Brinkman, Director of the Eastern ND Area Health Education Center (AHEC), I am here to testify in favor of House Bill 1142.

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 10 largest employers in the state of North Dakota, 8 of 10 are related to healthcare. (Job Service, ND)
- 12 of 53 counties (population total of 24,449) do not currently have a primary care physician. (UND)
- There will be a shortage between 260-360 rural family practice physicians in North Dakota by 2025. (UND)
- Current estimates suggest the need for additions of more than 370 nurses per year for the next 10 years. The shortage is particularly acute in ND's most rural areas. (Governor's Nursing Shortage Taskforce)

Rural Health impact on a community:

- About 20% of the population lives in rural America, yet only 9% of the nation's physicians practice in rural communities.
- 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 2000, has a health care workforce of over 650. Northwood, ND, population 900, has a health care workforce of 200, the largest employer in the community).

Rural Primary Care Physician impact:

- One primary care physician in a rural community creates 26.3 jobs annually.
- One primary care physician in a rural community generates \$1.4 million in wages, salaries and benefits.

- The total economic impact of a typical critical access hospital is 170 employees and \$7.1 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 many 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.

A \$400,000 Department of Commerce/AHEC funded program allows for continuance of full staffing in both AHEC regions allowing continued support for all AHEC programs including HOSA, Clinical Rotations, AHEC Scholars, and Behavioral Health Workforce Education Training.

ND AHEC can contribute to our healthcare workforce issues by helping connect students to healthcare careers, health profession students to communities, and communities to better health. ND AHEC collaborates with all ND colleges and universities to assist meeting student needs in healthcare professions and assists with clinical placement in rural areas- AHEC is completely unbiased in regards to which program a student chooses and that is an important asset when assisting in developing our healthcare workforce.

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 1142.

Respectfully submitted,
Katelyn Brinkman, Director
Eastern ND AHEC