

Chairman Skarphol, members and guests,

My name is Dr. Joshua Wynne, and I am the Vice President for Health Affairs at the University of North Dakota and Dean of your School of Medicine and Health Sciences. Thank you for asking us to provide status reports on two projects of great importance to all of us. Meeting with you today is particularly timely, since we seek your direction on several questions related to each project.

Permit me to introduce several guests who have accompanied me here to this meeting, and who are available to answer any questions:

NDUS Chancellor Bill Goetz

NDUS Vice Chancellor for Administrative Affairs Laura Glatt

UND President Robert Kelley

School of Medicine and Health Sciences Advisory Council Chair Dave Molmen, who is also Chief Executive Officer of Altru Health System in Grand Forks

Mr. Bill Wocken, Bismarck City Administrator

UND Vice President for Finance and Operations Alice Brekke

UND School of Medicine and Health Sciences Associate Dean for Administration and Finance Randy Eken

UND School of Medicine and Health Sciences Associate Dean for the Southwest Campus here in Bismarck Dr. Nick Neumann

[Rick Tonder, UND Associate Director for Facilities Management]

Permit me to begin our report by updating you on the RuralMed program. This program was proposed by the School of Medicine and Health Sciences last legislative session, with the endorsement of the University of North Dakota leadership, the SMHS Advisory Council, and the State Board of Higher Education. The RuralMed program was approved and funded by the legislature in 2009. The goal of the program is to remove some of the financial barriers that might discourage medical students from practicing family medicine in a rural area. The format of the approved program is as follows: Eight entering freshman medical students each year who sign up for the program receive a full tuition waiver for all four years of medical school if they agree to do a residency in family medicine following graduation from medical school, and then practice in a designated rural area of North Dakota for 5 years. The value of this agreement to each medical student exceeds \$100,000. Thus far, three medical students have signed up for the program. While we are pleased that three more students are destined for rural primary care practice in North Dakota than would have otherwise occurred, we are disappointed that we still have five unfilled first year spots. In subsequent discussions with our medical students, it is clear that the interest in the program has

exceeded the actual signup, and it appears that a number of the interested but unsigned students are leery of committing to the program at the beginning of their first year of school, before they have had an opportunity to experience more of medical school. Having learned from this experience, we would like to modify several of the provisions of the program so that all eight slots are fully utilized each year. We plan to do the following:

1. Each year, if there are any uncommitted slots, they will be offered to beginning fourth year medical students, and will function as debt relief for loans that the students incurred during the first three years of medical school, up to the amount of tuition that would have been waived under the original RuralMed program, plus a tuition waiver for the fourth year.
2. In an effort to increase the primary care cohort even more, the Rural Med program will be offered not only to students who go into family medicine, but also those who enter internal medicine and practice general internal medicine.
3. To encourage enrollment in post-graduate residencies within North Dakota, which correlates with practicing in North Dakota following completion of residency, all future RuralMed scholars will be required to do their residency training in a North Dakota residency.

Based on what we have learned from the RuralMed program thus far, we believe that these adjustments will increase the cohort of students signing up for the program. All of these adjustments are in keeping with the intent of the RuralMed program, which is to increase the number of primary care providers practicing in rural areas of North Dakota.

Let me emphasize several points regarding the proposed changes in the program:

1. We are not requesting any change in the appropriation level to fund this program. There would be no change in budget or expenditures.
2. The proposed changes are in complete concordance with the intent of the RuralMed program as outlined previously, and as approved by the legislature last session.

It is our intention at this point to proceed to implement the proposed changes in the specifics of the program. However, I would welcome your thoughts as to whether we need to seek any legislative approval to make these adjustments, or whether we can simply proceed with the adjustments that have been discussed.

I will pause at this point for any comments, or questions. Thank you, Mr. Chairman and members.

*[PAUSE FOR DISCUSSION]*

The second progress report relates to construction of the Center for Rural Health clinic building in Bismarck. Since approval for this project was forthcoming, there has been a remarkable degree of cooperation and coordination between the North

Dakota University System, the University of North Dakota and the School of Medicine and Health Sciences, the city of Bismarck, St. Alexius Medical Center, Medcenter One, and the community. I am delighted to report that all of those constituencies have been involved in this project from the start, and all have made important contributions to the final construction plans, the details of which I and my colleagues will outline soon. This hard-working coalition has reached consensus on: (1) the optimal location for the building; (2) the necessary configuration of the building; and (3) related educational space that might be included in the building, which would greatly benefit the citizens of Bismarck and the surrounding area local community.

I would now like to ask SMHS Associate Dean for Administration and Finance Randy Eken to update the Committee with some of the specific information regarding the building. Dean Eken...

*[COMMENTS BY RANDY EKEN]*

Thank you, Randy. I'd now like to invite Vice President Alice Brekke to make additional comments about some areas that require further discussion. Vice President Brekke...

*[COMMENTS BY ALICE BREKKE]*

Thank you, Alice.

Assuming that no further delays are encountered, we anticipate groundbreaking next month, with completion of construction in about 12 months. Thus, we would anticipate the opening of the clinic by the third quarter of 2011.

We would be pleased to address any further issues or questions at this time.

*[PAUSE FOR ANY DISCUSSION]*

I would like to thank the Higher Education Committee for your interest in these two important projects. We very much appreciate your support of these projects, and we thank you for giving us the opportunity to update the Higher Education Committee regarding the status of them. Thank you, Chairman Skarphol, members, and guests.