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March 10, 2025

Honorable Members of the House Education Committee

Re: Support for SB 2286

Dear Members of the Committee:

Allow me to introduce myself. My name is Joshua Wynne and until Dec. 1, 2024, I was Vice President for Health Affairs at the University of North Dakota and proud to be dean of *your* UND School of Medicine and Health Sciences (SMHS), positions that I held for over 15 years. I write with extremely strong and enthusiastic support for SB 2286, which if enacted should help allow the State of North Dakota to finally resolve the residual challenges standing in the way of truly effective, affordable, and accessible healthcare throughout the state (especially in rural areas).

As I will outline below, the rationale for the actions outlined in SB 2286 are cogent and spot-on. But there is particular urgency to act now, as it is imperative to identify additional space on the UND campus for the varied activities currently housed in Columbia Hall. Awareness of the need to vacate Columbia Hall is not new; when the legislature thoughtfully authorized funding for the new SMHS building that opened in 2016, part of the rationale for doing so related to the projected upkeep costs of keeping Columbia Hall on-line. Now that a short timeline for the closure of Columbia has been imposed by regulatory requirements, now is the time to act.

Perhaps a look back at the SMHS's efforts to address the healthcare workforce needs of the state might be helpful as we look forward.

Over the past 15 years, we at the SMHS have endeavored to invert the traditional "ask" that occurred each legislative session. The old approach was to ask the legislature for funding support for those projects and initiatives that the SMHS's leadership envisioned and endorsed. But rather than asking for what we at the SMHS wanted or thought we needed, over the past seven sessions we have tried to ask the legislature to tell us what the people of North Dakota wanted from the SMHS. The answer was clear – to increase the state's healthcare workforce, especially in rural areas, so that optimal healthcare would be available to all.

We have worked hard to address that "ask" from the people. Under the Healthcare Workforce Initiative that has been implemented over the past 15 years, we've increased the various health professions class sizes by about a quarter and have doubled the number of residents (doctors who have graduated with their MD degree but need additional training of three to five or more years to gain medical licensure in the state) trained in the state. We've substantially increased the retention of graduating doctors for practice in the state after graduation, and we've instituted a variety of programs to reduce disease burden.

You can see the impressive results of these efforts in the recently released *Eighth Biennial Report 2025 – Health Issues for the State of North Dakota* ([Biennial Report | University of North Dakota](#)). You – and we – should be proud of what we've accomplished together.

But it still is not enough. Certainly, things are better today than they would have been otherwise, but we still need to do more. “More” in this case, however, shouldn’t mean simply “more of the same.” While we need to continue to work on the workforce (supply) side of things, just trying to do the same thing better isn’t going to be enough. We need to do better things. In the case of healthcare, that means really focusing on the actual delivery of care so that it becomes even more effective, efficient, and productive.

Key components of that will be achieved through the use of new advanced technologies (like artificial intelligence (AI), wearable devices, and virtual care) and through the use of much more collaboration and coordination of the various members of the healthcare team to expand and extend the impact of those healthcare workers we have. But not only will these new approaches improve efficiency, they also should improve preventive services so the citizens of North Dakota become healthier and require less healthcare down the road.

At its most fundamental level, there are three factors that impact the effectiveness of healthcare delivery to a given population. The first (obviously) is the *supply* of providers, something that we’ve been hard at work addressing. The second is the *demand* for care, which is a function not only of the number of people in the state but perhaps more importantly is based on how sick they are (and thus how much healthcare they need). The final aspect is the complicated interaction between providers and patients, namely the healthcare delivery model, and how effectively and efficiently care is delivered.

We are – and will continue – to work on the supply side. But SB 2286 allows us to really “jumpstart” efforts to reduce demand as well as improve the efficiency and effectiveness of healthcare delivery. If we can empower each healthcare worker to be more efficient and thus productive, there should be a meaningful reduction on the need for more and more providers and thus a reduction in the supply needs.

Accordingly, please do not let this golden opportunity slip away. The imperative to close Columbia Hall on the UND campus in the near future has fast-tracked the need to identify additional facility space for the vital educational, service and research functions currently housed there. As Winston Churchill reported many years ago, “Never let a good crisis go to waste.”

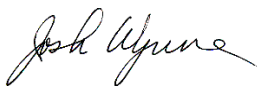
This is the time to re-invigorate the Healthcare Workforce Initiative through SB 2286. Doing so will have positive impacts on healthcare delivery throughout the state, as has been the case over the past 15 years.

I’d like to close by thanking the four legislators on the UND School of Medicine and Health Sciences Advisory Council who have co-sponsored SB 2286. I have had the pleasure and honor of working with them when I was dean, and their endorsement of this initiative speaks louder than words.

But since words often are necessary, I will quote again the aphorism to “Never let a good crisis go to waste!”

Please feel free to contact me with any questions.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Josh Wynne". The signature is fluid and cursive, with a large initial "J" and a stylized "W".

Joshua Wynne, M.D., M.B.A., M.P.H.
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