AMERICA'S RURAL HEALTHCARE CRISIS

Impact on Southeast Alaska Residents

Maggie Hotch, MOT, OTR/L

Four Ravens Occupational Therapy LLC

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CURRENT LOCATIONS

SOUTHEAST **ALASKA**



Klukwan	Haines	Juneau	Skagway
Home based clinic, outdoor Nature space	Outpatient clinic + Haines School	Outpatient Clinic 3 Full time therapist	Previous contract at FQHC, now monthly mobile
All ages all conditions	All ages, all conditions.	90% Peds, few VA and Adult ASD cases	All ages, all conditions
Population 90, Native Village Health Clinic 2 days per week (SEARHC)	Population 2000 One Health Clinic, 5FT providers MD, ANP (SEARHC)	Population 32,000 One major hospital, 2 pediatric practices, several specialty and primary care	Population 1100 One Health Clinic with 2 FT ANP locum providers, lots of contracted services, owned by the City

LIMITATIONS TO ACCESSING CARE

CURRENT

Provider Bias

Administrative Barriers

Geographical/Transportation Barriers

FUTURE

Work requirements

PROVIDER BIAS

- High turnover in staffing, use of locums limits cultural competence opportunities results in poor treatment of patients/mistrust of providers
- Limiting referrals based on assumption of nonpayment. Rural providers are heavily coached not to promise or refer for care Medicaid won't cover or approve before authorization is even requested
- Assumptions that Indigenous patients only have Medicaid or HIS and statements to that effect
- Assumptions that out-of-town elder care is better than family-based care without acknowledging connections to the land and family
- Assumptions that substances not illness are cause of ill health
- Avoidance of continuing care due to poor treatment resulting in patients blamed for not taking responsibility for health maintenance

ADMINISTRATIVE BARRIERS

- New contractors every few years slows provider credentialing, processing of patient enrollment
- 2020-2023 emergency extensions halted income verification, and they still couldn't catch up!
- Nearly 60% of applications take more than 45 days to process, lagging far behind other states. (National average is 8%)
- Only 18% processed in 7 days or less
- Applicants rarely notified or provided proof of coverage when qualified
- Lack of transparency in difference between Denali Kid Care and Medicaid
- Even recipients of waiver services get denial letters
- No coordination with healthcare.gov or ACA processes as promised
- https://www.medicaid.gov/resources-for-states/downloads/eligib-oper-and-enrol-snap-mar2026.pdf

GEOGRAPHIC BARRIERS: TRANSPORTATION

- Rural SE Alaska has over 200 communities without roads connecting them to a hospital
- Alaska Marine Highway connects these but faces its own funding and infrastructure challenges (Skagway currently without service)
- Air Travel has high costs and weather limits consistency
- Air Ambulance/Medevac also limited by weather and costly
- Climate change further limiting consistency of ferry and air travel
- Wheelchair users/Mobility challenges not always accommodated
- Competition with tourism industry and high costs in peak season

TRANSPORTATION: TRAVELING TO CARE CURRENTLY

- Approval for escorts are already even more limited in anticipation of cuts in the past year, meaning people are not seeking specialty care or following up. Limited PCA availability and ableism toward SMI a factor
- Fuel costs have increased air travel spending, but remains very difficult to get ferry travel authorized
- Taxis to get to appointments: Dependent on available contractors, many stopped participating due to extended periods of nonpayment by Medicaid. Cost of rideshare prohibitive for most Medicaid beneficiaries and public transportation limited and/or inaccessible, currently no wheelchair lift taxi services available in Juneau, Seattle or Sitka
- Medicaid travel staff are directed not to begin working on travel until the month of the scheduled appointment no matter how early a patient plans care in advance

TRANSPORTATION: POTENTIAL SOLUTIONS

- Allow Medicaid travel staff to begin working ahead of each monthly timeline to reduce air travel costs on commercial carriers
  - Cost savings of $90 per patient one way on small airlines, $150-$1000 savings on AK Air)
- Allow or require Medicaid travel to use Alaska Marine Highway System for Southeast communities
  - Average cost savings for single traveler $337, with escort $674 per trip Haines to Juneau
  - Potential cost savings by reducing Medevac costs for urgent issues
  - More consistency in scheduling as ferry is much less likely to be cancelled or delayed due to weather making it easier for specialty clinics and hospitals to count on the revenue and scheduling for outlying community patients
- Waive or reduce participation fees to join Medicaid program for providers willing to travel to outlying communities periodically and fast track credentialing and licensing for these providers

HOPEFUL SIGNS

- Personal Care Attendants are Unionizing and improving pay rates and reducing discrepancies between day hab/personal care and respite hours
- Licensing compacts and improvements in state processes to license providers more quickly
- Removal of telemedicine restrictions for providers to be physically in state
- Increase in activation of community care networks as seen during SNAP benefit cuts