

**ALASKA STATE LEGISLATURE
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES
STANDING COMMITTEE**

April 19, 2001
3:07 p.m.

MEMBERS PRESENT

Representative Fred Dyson, Chair
Representative John Coghill
Representative Gary Stevens
Representative Sharon Cissna

MEMBERS ABSENT

Representative Peggy Wilson, Vice Chair
Representative Vic Kohring
Representative Reggie Joule

COMMITTEE CALENDAR

HOUSE BILL NO. 197

"An Act relating to directives for personal health care services and for medical treatment."

- HEARD AND HELD

HOUSE BILL NO. 180

"An Act requiring child services providers to obtain criminal background checks for child services workers."

- HEARD AND HELD

HOUSE BILL NO. 65

"An Act relating to a new optional group of persons eligible for medical assistance who require treatment for breast or cervical cancer; and providing for an effective date."

- MOVED CSHB 65(HES) OUT OF COMMITTEE

HOUSE BILL NO. 209

"An Act directing the Department of Health and Social Services to establish a foster care transition program; relating to that program; and providing for an effective date."

- MOVED CSHB 209(HES) OUT OF COMMITTEE

HOUSE BILL NO. 84

"An Act relating to civil liability for emergency aid."

- BILL HEARING CANCELED

HOUSE BILL NO. 173

"An Act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

- SCHEDULED BUT NOT HEARD

HOUSE BILL NO. 112

"An Act relating to information and services available to pregnant women and other persons; and ensuring informed consent before an abortion may be performed, except in cases of medical emergency."

- SCHEDULED BUT NOT HEARD

PREVIOUS ACTION

BILL: HB 197

SHORT TITLE:HEALTH CARE SERVICES DIRECTIVES

SPONSOR(S): REPRESENTATIVE(S)HUDSON

Jrn-Date	Jrn-Page		Action
03/19/01	0649	(H)	READ THE FIRST TIME - REFERRALS
03/19/01	0649	(H)	HES, JUD
03/28/01	0762	(H)	COSPONSOR(S): KERTTULA
04/10/01		(H)	HES AT 3:00 PM CAPITOL 106
04/10/01		(H)	<Bill Postponed to 4/17>
04/17/01		(H)	HES AT 3:00 PM CAPITOL 106
04/17/01		(H)	Heard & Held MINUTE(HES)
04/19/01		(H)	HES AT 3:00 PM CAPITOL 106

BILL: HB 180

SHORT TITLE:BACKGROUND CHECK OF YOUTH WORKER

SPONSOR(S): REPRESENTATIVE(S)MCGUIRE

Jrn-Date	Jrn-Page		Action
03/13/01	0560	(H)	READ THE FIRST TIME -

			REFERRALS
03/13/01	0560	(H)	HES, JUD
03/13/01	0560	(H)	REFERRED TO HES
03/16/01	0636	(H)	COSPONSOR(S): DYSON
04/10/01		(H)	HES AT 3:00 PM CAPITOL 106
04/10/01		(H)	<Bill Postponed to 4/19>
04/19/01		(H)	HES AT 3:00 PM CAPITOL 106

BILL: HB 65

SHORT TITLE: MEDICAL ASSISTANCE: BREAST/CERVICAL CANCER
 SPONSOR(S): RLS BY REQUEST OF THE GOVERNOR

Jrn-Date	Jrn-Page		Action
01/16/01	0099	(H)	READ THE FIRST TIME - REFERRALS
01/16/01	0099	(H)	HES, FIN
01/16/01	0099	(H)	FN 1: (HSS)
01/16/01	0099	(H)	GOVERNOR'S TRANSMITTAL LETTER
04/19/01		(H)	HES AT 3:00 PM CAPITOL 106

BILL: HB 209

SHORT TITLE: PROGRAM FOR FORMER FOSTER CHILDREN
 SPONSOR(S): HEALTH, EDUCATION & SOCIAL SERVICES

Jrn-Date	Jrn-Page		Action
03/23/01	0706	(H)	READ THE FIRST TIME - REFERRALS
03/23/01	0706	(H)	HES, FIN
03/27/01		(H)	HES AT 3:00 PM CAPITOL 106
03/27/01		(H)	Scheduled But Not Heard
04/17/01		(H)	HES AT 3:00 PM CAPITOL 106
04/17/01		(H)	Scheduled But Not Heard
04/19/01		(H)	HES AT 3:00 PM CAPITOL 106

WITNESS REGISTER

PAUL MALLEY, Program Manager
 Aging with Dignity
 (No address provided)

Tallahassee, Florida 32302

POSITION STATEMENT: Testified on HB 197.

REPRESENTATIVE LESIL McGUIRE

Alaska State Legislature
 Capitol Building, Room 418
 Juneau, Alaska 99801

POSITION STATEMENT: Testified as sponsor of HB 180.

JACK BOWEN
11224 Via Balboa
Anchorage, Alaska 99515
POSITION STATEMENT: Testified on behalf of himself on HB 180.

DICK BLOCK
Christian Science Committee Publication of Alaska
360 West Benson
Anchorage, Alaska 99503
POSITION STATEMENT: Testified on HB 180.

KAREN PERDUE, Commissioner
Department of Health & Social Services
PO Box 110601
Juneau, Alaska 99811
POSITION STATEMENT: Testified on HB 65.

MARY DIVEN
Alaska Breast and Cervical Cancer Early Detection Program
Maternal, Child & Family Section
Division of Public Health
Department of Health & Social Services
PO Box 110601
Juneau, Alaska 99811
POSITION STATEMENT: Answered questions on HB 65.

BARBARA DuBOIS
2500 Curlew Circle
Anchorage, Alaska 99515
POSITION STATEMENT: Testified on behalf of herself in support
of HB 65.

MARCIA HASTINGS, Women's Health Director
Young Women's Christian Association
7136 Candace Circle
Anchorage, Alaska 99816
POSITION STATEMENT: Testified in support of HB 65.

CARLA WILLIAMS
13001 Norak Place
Anchorage, Alaska 99516
POSITION STATEMENT: Testified in support of HB 65.

CAREN ROBINSON
Alaska Women's Lobby
PO Box 33702

Juneau, Alaska 99811

POSITION STATEMENT: Testified in support of HB 65.

JENNIFER RUDINGER, Executive Director

Alaska Civil Liberties Union

PO Box 201844

Anchorage, Alaska 99520

POSITION STATEMENT: Testified in support of HB 65.

SHARON YERBICH

6114 Prosperity Drive

Anchorage, Alaska 99504

POSITION STATEMENT: Testified in support of HB 65.

ROBIN SMITH

14100 Jarvi Drive

Anchorage, Alaska 99515

POSITION STATEMENT: Testified in support of HB 65.

COLLEEN MURPHY, M.D., Obstetrician-Gynecologist

3260 Providence Drive

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 65.

NANCY WELLER, Manager

State, Federal and Tribal Unit

Division of Medical Assistance

Department of Health & Social Services

PO Box 110660

Juneau, Alaska 99811

POSITION STATEMENT: Testified on HB 65.

MELANIE LESH, Staff

to Representative Bill Hudson

Alaska State Legislature

Capitol Building, Room 502

Juneau, Alaska 99801

POSITION STATEMENT: Testified on behalf of the sponsor of HB 197.

MARIE DARLIN

AARP

415 Willoughby Avenue

Juneau, Alaska 99801

POSITION STATEMENT: Testified in support of HB 197.

LORILYN SWANSON, Manager

Fireweed Place
3101 Riverwood Drive
Juneau, Alaska 99801
POSITION STATEMENT: Testified in support of HB 197.

EUGENE DAU, Volunteer
AARP
PO Box 20995
Juneau, Alaska 99802
POSITION STATEMENT: Testified in support of HB 197.

LINDA FINK, Assistant Director
Alaska State Hospital and Nursing Home Association
426 Main Street
Juneau, Alaska 99811
POSITION STATEMENT: Testified on HB 197.

THERESA TANOURY, Director
Division of Family & Youth Services
Department of Health & Social Services
PO Box 110630
Juneau, Alaska 99811
POSITION STATEMENT: Testified on HB 209.

CHRIS CROMER
(No address provided)
Anchorage, Alaska
POSITION STATEMENT: Testified on behalf of himself on HB 209.

TIMOTHY SPENGLER
Division of Family & Youth Services
Department of Health & Social Services
PO Box 110630
Juneau, Alaska 99811
POSITION STATEMENT: Testified on HB 209.

AL SUNDQUIST, President
Alaska Chapter
Americans United for Separation of Church & State
3384 Mount Vernon Court
Anchorage, Alaska 99503
POSITION STATEMENT: Testified in opposition to HB 209.

RANDALL LORENZ, Staff
to Representative Fred Dyson
Alaska State Legislature
Capitol Building, Room

Juneau, Alaska 99801

POSITION STATEMENT: Testified on HB 209 in reference to testimony on constitutional rights.

ACTION NARRATIVE

TAPE 01-46, SIDE A
Number 0001

CHAIR FRED DYSON called the House Health, Education and Social Services Standing Committee meeting to order at 3:07 p.m. Representatives Dyson, Coghill, Stevens, and Cissna were present at the call to order. Representatives Kohring and Joule arrived as the meeting was in progress.

HB 197-HEALTH CARE SERVICES DIRECTIVES

CHAIR DYSON announced that the first order of business would be HOUSE BILL NO. 197, "An Act relating to directives for personal health care services and for medical treatment."

Number 0086

PAUL MALLEY, Program Manager, Aging with Dignity, testified via teleconference. He stated that [Aging with Dignity] is a national nonprofit organization with offices in Washington [D.C.] and Miami. The headquarters in Tallahassee, Florida, are where the Five Wishes advanced directive is distributed throughout the country. He explained that within two weeks of Five Wishes being introduced in Florida in 1997, there were more than 50,000 requests from people all over the country who wanted a copy of the Five Wishes. So many people were interested because it is easy to use and it includes many of the issues that matter most to people, including some of the non-medical issues.

MR. MALLEY stated that once [Aging with Dignity] started receiving requests, it began to work with the American Bar Association to make the document completely valid. It added a commission dealing with legal problems of the elderly and expanded the law of 50 states regarding advanced care planning. He stated that when Five Wishes was introduced in 1998, it was valid in 33 states. All of the 33 states had a suggested advanced directive form, but the residents were given the opportunity to put their wishes in their own words. Since then it has become legally valid in an additional two states - California and West Virginia. Both of those states enacted laws

in the past two years that made Five Wishes valid, but they did not include Five Wishes in the state statutes. He noted that in some cases it was a matter of changing one word, from "the advanced directive must be in the following form" to "the advanced directive may be in the following form."

MR. MALLEY said [Aging with Dignity] is now working with people in several states who are trying to change their [state] laws to make Five Wishes legally valid. [Aging with Dignity] is also working with more than one million American families and 3,000 organizations, all of which have copies of Five Wishes and are using it. The greatest interest is coming from some states where Five Wishes is not legally valid. He stated, in closing, that he would like to congratulate and thank the committee for even considering this legislation, which [Aging with Dignity] believes will greatly help the people of Alaska put their wishes in their own words and therefore get the kind of care they want at the end of life.

Number 0376

CHAIR DYSON asked what forces a hospital to comply [with the advanced directive].

MR. MALLEY responded that [hospitals] are bound by the laws of the state, which require that the advanced directive be followed if it meets requirements in the state statute. He said counsel for the Council of the American Bar Association believe that Five Wishes would stand up in court in all 50 states because of the so-called Patient Self-determination Act, which is a national Act that requires health care providers to be involved with individuals' wishes. He added that [Aging with Dignity] has not had one instance in which an individual who filled out Five Wishes did not have his or her wishes honored.

CHAIR DYSON asked what the penalty is if an institution does not [honor the Five Wishes].

MR. MALLEY answered that he believes that would probably vary by state.

CHAIR DYSON asked whether Mr. Malley knows of any states that have criminal or civil penalties if the directives are not followed.

MR. MALLEY responded that he knows there have been several instances in which criminal suits have been filed against health

care providers who have not followed an individual's wishes that were spelled out in a legally valid advanced directive.

CHAIR DYSON stated that it appears to him that this form is directed to elderly people and not necessarily to those who are facing life-threatening diseases earlier in life.

MR. MALLEY stated that this is good for anyone who is 18 or older. He remarked that [Aging with Dignity] is working with companies to institute a program that would provide Five Wishes as an employee benefit. He said [Aging with Dignity] encourages people to fill out Five Wishes, or any advanced directive, before they get seriously ill.

CHAIR DYSON stated that in the first hearing of this bill [the committee] discussed whether or not the form itself ought to be put in state law, as opposed to being referenced in law.

MR. MALLEY stated that he thinks it would be better to reference the form rather than including the actual document, word for word, in the state's statute. He said there hasn't been a state to do that yet. He explained that if there were any changes to Five Wishes, [Aging with Dignity] would have to come back to [the legislature] and ask for another statute to be passed for the revisions.

[HB 197 was suspended temporarily in order to hear other legislative business.]

HB 180-BACKGROUND CHECK OF YOUTH WORKER

CHAIR DYSON announced that the next order of business would be HOUSE BILL NO. 180, "An Act requiring child services providers to obtain criminal background checks for child services workers."

Number 0735

REPRESENTATIVE LESIL McGUIRE, Alaska State Legislature, came forth as sponsor of HB 180. She requested a motion to adopt the committee substitute (CS), version 22-LS0642\P, Lauterbach, 4/9/01, as the working document.

CHAIR DYSON asked if there was any objection to adopting the proposed CS as a work draft. There being no objection, Version P was before the committee.

REPRESENTATIVE McGUIRE stated that HB 180 requires background checks of volunteer child service workers. A man from her district would share his story [with the committee]. Three of his four children have been victims of sexual abuse while under the supervision of volunteer child workers. This bill, she said, is an attempt at trying to minimize the level of risk children are exposed to when in the hands of volunteers. There are many laws in [Alaska] statutes that regulate specific state services such as foster care homes; however, the area of volunteers is sort of vague. She stated that there are some organizations such as the Boys and Girls Club that have recognized a need for this and have taken it upon themselves to require background checks of their volunteers. The cost associated with that background check is a \$20 fee, which can be paid by the volunteer or by the organization.

REPRESENTATIVE McGUIRE noted that it is mandated in the bill for state background checks, as opposed to federal, in order to not be too punitive as far as the cost. There are some exemptions in the proposed CS such as Sunday school teachers; nursery volunteers at a church; and a parent, guardian, or relative participating in school-sponsored functions. She said this is an attempt to try to narrow any unintended consequences that the bill might have.

Number 0929

REPRESENTATIVE McGUIRE stated that she has some amendments she would like to offer. The first amendment would be on page 1, lines 11 and 12, and would delete any reference to current offender information. This would make it so a report can only note a conviction involving a serious offense. The second amendment, on page 2, line 27, would add "parent, guardian, or relative of a child". It would then read, "while a parent, guardian, or relative of the child is in attendance at the religious service".

REPRESENTATIVE McGUIRE stated:

I think the goal of the bill is very clear; we want to try to protect our children in any way that we can. ... Statistics show that where there has been a conviction in the past of sexual molestation, there is a higher degree of risk. We cannot protect our children 100 percent ... but we can as [legislators] take steps to try to minimize those risks. This would be one of those steps - requiring the background

checks. ... There are some due process aspects to the bill that are important. If you notice, on page 2, [lines] 16 and 17, the individual can challenge the accuracy and completeness of the report.

Number 1060

REPRESENTATIVE STEVENS asked how much a federal background check costs.

REPRESENTATIVE McGUIRE answered that it costs \$99.00.

CHAIR DYSON stated that as he reads this, a babysitter would have to get a background check.

REPRESENTATIVE McGUIRE responded that she has been trying, through the use of amendments, to minimize the vagueness [of the bill], and feels that the goal is relatively clear. She added that she is amenable to any changes. She stated that this is one of those difficult tasks as a lawmaker: to recognize a problem and then draft a bill to try to address the problem. She said she looked at what other states are doing, and this bill is pretty much in line with the other states.

REPRESENTATIVE CISSNA stated that page 1, line 6, says the background check is required of a child services provider. If a parent decides to act as the hiring agent for someone who comes into his or her home, that's different than putting a child in a situation in which [the parents] have the assurances that someone has taken the same effort [that the parents] would take.

REPRESENTATIVE McGUIRE remarked that that was the intent.

Number 1308

REPRESENTATIVE STEVENS asked Representative McGuire to explain who a volunteer child services provider would be.

REPRESENTATIVE McGUIRE responded that the definition section in the bill [on page 3], states that "provider" means a business, organization, or entity that provides child services.

CHAIR DYSON added that on page 3, line 2, it states, "child service" means [the case] treatment, education, training, [institution,] supervision, [or] recreation. On page 3, line 11, "provider" means a business, organization or other entity, whether public, private, for profit, nonprofit, or voluntary,

that provides child services. He said he thinks this would include Boy Scouts and "girls club."

REPRESENTATIVE STEVENS asked if that would, then, also include arts or Native organizations that have summer camps.

CHAIR DYSON answered yes, and that it could also include the local neighborhood babysitting cooperative.

Number 1421

REPRESENTATIVE CISSNA stated that this definition is a business, which is different from a cooperative.

CHAIR DYSON disagreed and reiterated the definition on page 3, line 11.

REPRESENTATIVE MCGUIRE stated that there is a concern and a debate on this. She said since a constituent of hers brought this [concern] to her attention and she has drafted the bill, she has received over 150 concerns from parents.

REPRESENTATIVE COGHILL said he thinks rather than mandating that a person cannot be employed, people need to be encouraged to check up on whomever they use as volunteers.

REPRESENTATIVE CISSNA asked if it would be too specific if it were to say on page 3, line 2, "child services means the professional care".

Number 1586

JACK BOWEN testified via teleconference on behalf of himself on HB 180. He stated:

Around the middle of February, the first part of March, I sent out an e-mail about a program that is going to be on the Discovery Channel. Basically it was about pedophiles [and] where they operate. One of the things that they do is they associate themselves with youth organizations as a volunteer and then they groom the child so they can have access to them by themselves. This is not excluding anybody. If you look in the Anchorage newspaper and watch TV, there [are such headlines as] "Anchorage Teacher: Sexual Contact"; ...; "Fire Chief: Sexual Contact"; "Wasilla Teacher: Sexual Abuse of a Miner"; "Fairbanks

Minister: 12 Counts of Sexual Abuse of a Minor, Sexual Contact, Indecent Exposure"; "Anchorage Hockey Coach: Drugs Possession"; "Boys and Girls Club Employee Fairbanks: Sexual Abuse of a Miner"; "Murder of a Little Girl in Sitka."

These things have got to be stopped. I work as a volunteer for an organization that does a lot of work with kids. I've worked for Little League and I work for [the] Alaska (indisc.) Softball Association, and we run background checks on everybody [who] coaches with the kids. Some organizations do; some of them don't.

My youngest daughter, unfortunately, came in contact with a coach with an organization that did not run a background check. He was a multiple convicted felon in the state of Alaska and never had a background check done. I think it's time that this ceases. The state of Alaska has one of the highest rates of child abuse in the nation; I don't think that's something we should be proud of.

CHAIR DYSON stated that [the committee] is trying to figure out where to draw the line with babysitters.

MR. BOWEN responded that he doesn't think neighborhood babysitters apply. He said he thinks any of the organizations that have volunteers working for them to officially provide youth care services should be included.

Number 1738

DICK BLOCK, Christian Science Committee Publication of Alaska, testified via teleconference on HB 180. He stated that his concern when he first reviewed this legislation was that it seemed to be broad enough to cover Sabbath schoolteachers and those who are volunteering to work in a nursery during Sunday services. He added that he is sure that is not the intent. He said he would like to thank Representative McGuire and her staff for accommodating [the Christian Science Committee Publication of Alaska's] concern by already putting the amendment into the proposed CS.

REPRESENTATIVE STEVENS asked Mr. Bowen whether his organization pays [for the background checks] or if the volunteers pay for them.

MR. BOWEN answered that the volunteers do. He said he has his background check done once a year and also has a federal background check. He noted that he keeps a copy of these and that one background check is good for [more than one organization].

REPRESENTATIVE STEVENS said he has made a list of what his children have been involved in, which includes summer softball camps, wrestling, piano, and dance. He asked if all of those would be on [Mr. Bowen's] list of [activities for which] people would be subject to this check.

Number 1852

MR. BOWEN responded that he would think if [a person] has many children around him or her and is left alone [with the children], parents would want to know that the person does not have any convictions for assaulting a child.

REPRESENTATIVE STEVENS stated that he thinks Mr. Bowen is right; however, he thinks it is necessary to know how extensive this requirement will be.

MR. BOWEN remarked that he would tend to take a stand that would be more rigid than some people's because of the experiences he has gone through. He stated that his two oldest children were assaulted by a physical education teacher. His oldest daughter was [assaulted] from the time she was 10 till she was 16. His son, and now his youngest daughter, [were assaulted] by a coach who worked for one of the sports organizations in Anchorage.

CHAIR DYSON stated that he doesn't think [the committee] is ready to pass the bill out. He said two things to consider are the organizations that have stature in government or have filed as a nonprofit, and any organization that by its nature has to have insurance. This could tell if there is a way to tailor the law so that if [organizations] have background checks, their insurance rates go down or, contrarily, if they don't, their liability insurance doubles or triples.

MR. BOWEN stated that one of the ideas he had was if an organization didn't perform background checks, it would lose its limit of liability with the insurance company and the insurance company would be forced to pay [the organization's] judgment. He said this would make the insurance companies require

organizations to run background checks in order to get insurance.

[HB 180 was held over.]

HB 65-MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER

CHAIR DYSON announced that the next order of business would be HOUSE BILL NO. 65, An Act relating to a new optional group of persons eligible for medical assistance who require treatment for breast or cervical cancer; and providing for an effective date."

Number 2026

KAREN PERDUE, Commissioner, Office of the Commissioner, Department of Health & Social Services (DHSS), came forth and stated that in 1997, which is the last year [DHSS] has full data for, there were almost 300 women who were diagnosed with breast cancer in Alaska, and 41 people who died of breast cancer. 26 women were diagnosed with cervical cancer, and 4 of them died. She said early detection and screening has dramatically improved in Alaska and in the country, and early detection and early treatment can reduce morbidity and mortality - it reduces mortality by 30 percent. She said there has been a huge effort on the part of the health community to provide both screening for cervical cancer and mammography. She added that [DHSS] has also been working on that, and offers a breast and cervical [cancer] early detection screening program. The program, she said, has been gathering "steam" across the state and is fully funded by the federal government. Last year, about 15,000 low-income women were screened under that program.

COMMISSIONER PERDUE remarked that this program is being used nationally. Women were being diagnosed with treatment and not having the ability to pay for treatment. Last year, Congress made available as an option to the states the ability to provide coverage for the treatment. She stated that last year the breast and cervical cancer screening program in Alaska uncovered about 39 breast cancers and 33 cervical cancers. It is likely that about 41 of those women would have been eligible, if this bill had been in place. The cost of this, she said, is being borne to a great degree by the federal government. If this bill were to pass, the cost is estimated to be about \$175,000 in state general funds and \$413,000 in federal funds. The coverage is only for the treatment phase of the program. She added that the basic philosophy is that many of these women are getting

treatment, but that any day of delay once the cancer is diagnosed can be very concerning.

COMMISSIONER PERDUE, in conclusion, addressed the concerns that have come up nationwide. She stated that some of the issues are "Why this disease?" and "Why this body part?" because there are many constituents that don't have health insurance for many diseases. She said her response would be that the system for people who have no health care insurance is imperfect. When there are opportunities to provide coverage for groups, it is a valid public policy choice to determine whether or not to invest in those coverages. She added that one of the problems with anyone who has this cancer is that it is not possible at that time to get private coverage, because at that point the person has a preexisting condition.

REPRESENTATIVE COGHILL asked if this goes under the Children's Health Insurance Program.

COMMISSIONER PERDUE answered no.

REPRESENTATIVE COGHILL stated that it is mentioned [in the bill] that it is going to be under the same federal match rate as the Children's Health Insurance Program.

COMMISSIONER PERDUE replied that he was correct, that it is an enhanced match rate.

REPRESENTATIVE COGHILL asked what title it would be under.

COMMISSIONER PERDUE answered that it is an optional group under Title 19.

Number 2268

REPRESENTATIVE STEVENS asked what the results are for not having early detection.

MARY DIVEN, Alaska Breast and Cervical Cancer Early Detection Program, Maternal, Child & Family Section, Division of Public Health, Department of Health & Social Services, answered that the later it is detected, the greater the chance for metastasis - for it to spread to other parts of the body. The death rate is much higher the later it is detected or if treatment is delayed once it is detected.

CHAIR DYSON stated that he hears conflicting things from the medical services providers. One says it is a myth that people can't get care, and if a person has a serious illness and shows up at the emergency room at the hospital, he or she will get cared for. He said one of his constituents has cancer, and although she is \$380,000 in debt, she has the treatment. He asked whether it is true in [Alaska] that if a person has a serious illness and shows up at the hospital, he or she will be treated.

TAPE 01-46, SIDE B

COMMISSIONER PERDUE answered that she thinks that is true. She said this would not solve the problem of lack of insurance for everyone who has cancer in the state. She stated that she thinks it would be good to address that question to women who have had the disease, and to hear how they have paid those bills or how they were going to struggle along in terms of what they could demand from the health care system if they did not have insurance. She added that she does not think the medical community in Alaska is insensitive, but the access issue is not totally solved by saying, "Let's let the private sector carry the burden."

Number 2313

CHAIR DYSON remarked that as he understands it, [the insurance companies] charge "you and me" more in order to subsidize the indigent people who can't or don't pay.

COMMISSIONER PERDUE responded that that is absolutely true.

REPRESENTATIVE CISSNA stated that she doesn't disagree with the concern of encouraging people to be responsible, but on these sorts of things, when people may hesitate because of the matter of money, the public cost may go up. She said it does make a difference in terms of how fast people respond.

REPRESENTATIVE COGHILL asked what the eligibility is.

MS. DIVEN responded that the eligibility for the screening program is that women receive detection through this federal program and they have an income less than 250 percent of the poverty level. For the treatment program, the income requirement is the same. She said one of the eligibility criteria for the screening and the diagnosis program is that [the women] can have insurance, but if the deductible is too

high, they are eligible. For the treatment portion, they would not be eligible under this Medicaid option because their health insurance would cover it. Therefore, she said, the treatment portion is only for people with no other insurance coverage.

CHAIR DYSON asked what the annual figure is of 250 percent of the poverty level.

Number 2197

COMMISSIONER PERDUE stated that she would suspect that a lot of the individual women are not 65, but somewhat older in age than 30, and probably many of them are single, because they don't have the ability to have insurance in the family.

MS. DIVEN stated that for a family of one [the annual figure] is \$26,000.

CHAIR DYSON asked if there is any qualification in terms of their assets.

MS. DIVEN answered no. She said one of the main public health goals is to get the early detection in order to reduce the long-term cost for treatment.

REPRESENTATIVE COGHILL stated that federal funding is obviously going to be a large part of this, and he asked what the commitment to this is under this authorization.

COMMISSIONER PERDUE responded that this is an option that's been created for the states under congressional law. She said she has never seen [such a law] repealed.

REPRESENTATIVE COGHILL stated that his concern is that the federal government says to do this and the state ends up with that "ball in our lap." The other issue, he said, is continually adding health care issues. He added that if the federal government decides to change its mind, then this will be in statute and it will be the state's responsibility to pay it. He said he is always concerned about replacing the private insurance market with public insurance for services.

Number 2080

COMMISSIONER PERDUE stated that with the issue of the private market, it is important to remember that this could be considered a preexisting condition and can be a barrier to

getting insurance. She added that by the time this will be done, she imagines that about 20 states will have adopted this; therefore, it will be difficult for Congress to retreat from its commitment to the states.

MS. DIVEN added that even though it was passed under the last president, President Bush and Tommy Thompson - the Secretary of Health & Human Services - are calling and congratulating each state that has passed this. She added that this was passed unanimously by the [U.S.] Senate.

Number 2003

REPRESENTATIVE CISSNA stated that one of things [a woman] gets told by health care providers is that as a woman over a certain age, she is supposed to go in for her annual mammogram. Representative Cissna said most of the people she knows have taken that to heart. She asked Commissioner Perdue, in the process of working on this, if she has figured out what voluntary efforts there have been to comply with that recommendation, because 40 people seems like a small amount. She also asked if there really is a concern about people quitting their jobs because they want to get this for free but keep their "Cadillacs and palaces."

COMMISSIONER PERDUE responded that one of the things about an asset test is that people can be very land-rich but cash-poor. She said if a person is making \$26,000 a year, he or she probably is not able to make many payments on many things.

Number 1833

BARBARA DuBOIS testified via teleconference on behalf of herself on HB 65. She stated that she is 51 years old, is uninsured, and was diagnosed with inflammatory breast cancer in December. She said she was diagnosed through the state screening program, and if she had not had this program, she would not have gotten early detection. She remarked that she was first diagnosed with a stage-four cancer, which is the worst a person can get, but because it was detected early and her treatment has been successful, she has been downgraded to a stage two. Unfortunately, she said, [the program] gave her the diagnosis, but did not provide the funds for treatment. She explained that women in her position have three options: they can go on state aid by quitting their jobs and having only \$500 in possessions; they can seek substandard or no treatment, which could be fatal;

or they can get the recommended treatment and accrue a lot of debt, which is what she chose to do.

MS. DuBOIS stated that the medical bills she accrued before her surgery, which was a week ago, were upwards of \$40,000. She said her cancer is aggressive and expensive. She has had chemotherapy for 12 weeks, has had a mastectomy, and has to go back for more chemotherapy and radiation. She added that more than likely she will file for bankruptcy. She said she chose to continue working because she didn't want the state to pay for her rent and her food.

MS. DuBOIS remarked that a woman shouldn't be penalized for choosing to work and not choosing state aid. She said HB 65 can actually save the state money by allowing women to continue to work, not go on the state dole, and only receive the medical assistance.

Number 1641

MARCIA HASTINGS, Women's Health Director, Young Women's Christian Association (YWCA), testified via teleconference. She stated that [the YWCA] has been providing outreach to medically underserved women in the greater Anchorage area since 1994. [The YWCA] has been referring women to screening through the Breast and Cervical Cancer Early Detection Program. Nationally, she said, [the YWCA] has a partnership with the federal government and the Centers for Disease Control [and Prevention] (CDC) to provide outreach services for these women. If [the YWCA] did not have the financial resources of the screening program, their community health educators would be finding women who are without financial resources; telling them the message of early detection and that they should have an annual mammogram, a clinical breast exam, a pelvic exam, and a pap smear test; and then saying "good luck" and walking away. She stated that because of the Breast and Cervical Cancer Early Detection Program, [the YWCA] has been able to refer [those women] and help them navigate the health care system to receive screening services at no cost.

MS. HASTINGS stated that her intent in speaking today was to put a personal face on the problem of women refusing the screening services because they don't have resources to pay for the treatment. Beginning early on, she said, oftentimes women would say, "I don't want to know; I don't want to be screened because if I find something, I will have no way to pay for it." She added that in the last six years [the YWCA] has had 3,500 women

who are actively enrolled in its program. In conclusion, she stated that fortunately there are many physicians and medical facilities that are helping women; however, this doesn't stop women from accruing bills. For example, she said a woman who was detected with breast cancer through the early detection program did everything that was required. Every time a bill came in the mail, she put it in a shopping bag because she was busy keeping herself alive. Nine months after her treatment, she came into Ms. Hastings' office with three trash bags full of bills.

Number 1421

CARLA WILLIAMS testified via teleconference in support of HB 65. She stated:

The first legislation was introduced in Congress [in] 1997 because back then, as we realize now, ... it borders on inhumane to tell a women that she has breast cancer through a free screening program and then essentially leaving [her] on her own to find treatment. The intention of the early detection program was to reduce breast and cervical cancer mortality in this country, but screening and diagnosis alone do not prevent cancer deaths.

... The U.S. Senate gave their unanimous vote to this federal legislation, and the House was 421 to 1. So there was a lot of support. ... Even last night on Channel 2 news the governor again expressed his concern about this bill - that it wasn't moving forward. His comments were that this is a "must have" legislation. Some previous discussion has been concerning the 250-percent-of-poverty funding level.

I have submitted written testimony to this office today, which supports [that] the 250 percentage number is reasonable and necessary. The figures I've used in this cost analysis were moderate ... and in some cases actually fairly low. ... I went to a Senate presentation last week on Medicaid regarding this issue about not having any assets. I remember the Medicaid presenters saying that there is a trend away from making people bend down with regard to the recent actions added to the Medicaid program. Bending down ... is making sure that you don't have any money left before you go into this program.

Number 1239

CAREN ROBINSON, Alaska Women's Lobby, came forth in support of HB 65. She stated that the Alaska Women's Lobby has a membership, men and women, of about 1,500 and a steering committee of about 15. She noted that all of the 12 steering committee members have lost a friend or family member to breast cancer, and two of the members are going through chemotherapy for breast cancer.

JENNIFER RUDINGER, Executive Director, Alaska Civil Liberties Union [AKCLU] came forth and stated that [the AKCLU] supports HB 65 and urges the committee to move it out.

CHAIR DYSON asked if adding a particular disease - in this case, cancer - to the list of things that are specifically cared for opens up the possibility for actions that once one cancer is treated, all cancers must be treated equally.

MS. RUDINGER responded that on the flip side of that, historically there has been a lack of attention and research to women's health care issues. She said she doesn't know if this is opening a door. She added that there have been arguments that there is discrimination; for example, in health coverage for Viagra and not for contraception.

CHAIR DYSON said [Alaska Superior Court] Judge Sen Tan's decision stated that if one service is provided in a particular medical area they all have to be provided. He asked if, based on the judge's decision, this would be in danger of that.

MS. RUDINGER stated that she doesn't see that the two are directly analogous.

Number 1050

CHAIR DYSON asked, referring to the judge's argument [in the funding case], whether services must continue to be provided, once they have ever been provided.

MS. RUDINGER responded that the decision stated that appropriations are up to the legislature and that the legislature does not have to fund any health care. There is not a constitutional right to funding; however, once the legislature undertakes to do so, it cannot discriminate based on the exercise of a constitutional right. For example, because

reproductive choice and reproductive freedom are given great privacy protection, they are not analogous to other health care issues that don't have the similar privacy issues associated with them.

CHAIR DYSON remarked that one could argue that cervical cancer, as well as prostate cancer, is getting close to reproductive services.

MS. RUDINGER remarked that privacy affects the choice; there's no choice to get or to not get a disease.

Number 0912

SHARON YERBICH testified via teleconference in support of HB 65. She stated that she is a [cancer] survivor and has four daughters, one of whom was screened by this program several years ago. She said that if at that time [her daughter] had been diagnosed there would have been no treatment and she would have been in a quandary.

ROBIN SMITH testified via teleconference in support of HB 65. She stated that when there are federal matching funds, they should be taken advantage of. She remarked that it is also necessary to look at the impact [these cancers] have on families.

COLLEEN MURPHY, M.D., Obstetrician-Gynecologist, testified via teleconference in support of HB 65. She said she is currently a participant in the CDC-sponsored Breast and Cervical Cancer Early Detection Program. She stated:

I just want to tell you that this is real, this is very real. ... As the women actually access the screening services, we invariably will encounter the abnormalities that they are intended to detect. I cannot tell you how distressing it is for a woman to find out that she has a precancerous process and then not be able to afford the treatment. So, it makes absolutely no sense for us to initiate an evaluation process and not make the same eligibility criteria available for us to treat the patient fully. I want to mention that ... I have ... permission from a patient that I saw, age 23, a Miss Ada Lee (ph) from the Valley who is apparently a constituent to Lyda Green. She gave me authorization with her signature that says, "I authorize Dr. Colleen Murphy to use my

name during testimony at the HES committee hearing on 4/19/01. It is OK for her to describe my medical condition and financial challenges."

This is a 23-year-old woman who delivered a baby three months ago and is currently breastfeeding. She had a pap smear abnormality during pregnancy that is a [high-grade intraepithelial lesion]. Colposcopy, which is looking at the cervix, was performed approximately three weeks ago. The biopsy that was done by Dr. Sivaly (ph) shows that she has severe pre-cancer. If the patient is not treated in the next several months, she has a 70 percent likelihood of progressing to evasive cervical cancer. The discussion we had this morning revolved around how is she going to pay for further evaluation and treatment.

I want to let you know that the doctors in Alaska face this every single day, where we see patients [who] have diagnosable diseases, treatable diseases - namely, breast and cervical cancer - and the patient simply can't afford the care and follow-up that needs to be done. I really want to encourage you to complete the process to close the loop. Currently we know cervical cancer, if people get adequate screening, ... is 90 percent preventable. ... It is not enough to get a pap smear; the pap smear is only a screening technique. We have to do colposcopy, and then we have to do treatment; and that treatment may involve the treatment of cervical cancer. Same thing with mammography. We know that if a women gets a mammogram on a recurring basis, the likelihood of her dying of breast cancer decreases by at least 30 to 40 percent. There is no point getting a mammogram if we can't provide the treatment.

Number 0545

REPRESENTATIVE STEVENS referred to the fiscal note and stated that of the four grantees who provided the testing, 61 percent tested were Alaskan Native women who are not covered by this because they are covered by the Public Health Service. He asked if the 61 percent Native women are outside the facts and figures.

COMMISSIONER PERDUE responded that the number she gave of the 300 women is for all women.

NANCY WELLER, Manager, State, Federal and Tribal Unit, Division of Medical Assistance, Department of Health & Social Services, came forth and stated that she thinks the high percentage of Alaskan Native women is due to the fact that three of the four grantees are Alaska Native health organizations that have CDC grants. Anyone with credible coverage under the HIPAA (Health Insurance Portability and Accountability Act) definition would not be eligible for this option. That excludes people who have military medical care, Indian Health Service, and any kind of health insurance coverage.

REPRESENTATIVE STEVENS asked if the 300 women in Alaska would include people who would not be covered under this.

MS. WELLER said yes.

Number 0411

REPRESENTATIVE COGHILL stated that he is nervous about adopting the [U.S. code] because he thinks it could change and therefore put [the legislature] under obligation. He asked if it would be difficult to put what [the legislature] would expect the 250 percent of poverty to be.

MS. WELLER responded that in drafting the bill there was a lot of discussion about whether or not to reproduce all of the language from the federal law in the statute. She stated that if Representative Coghill wanted to put specific language that describes the [federal legislation] she could help with the parts that are critical.

REPRESENTATIVE COGHILL stated that he thinks he would rather have that in statute and then reference this as an authority, rather than have it be encoded. He stated that he objects to the direction [the committee] is going, but he also understands that this is a highly sensitive issue. He stated that he would like to put sideboards on [the bill] that say exactly what the intent is.

Number 0141

REPRESENTATIVE COGHILL made a motion to adopt conceptual Amendment 1, to only reference the U.S. code, which clearly describes what the qualifications are.

MS. WELLER stated that individuals would be eligible if they have not attained age 65; have been screened for breast and cervical cancer under the CDC breast and cervical cancer early detection program established under Title XV of the Public Health Service Act, 42 U.S.C. 300k et seq; and need treatment for breast or cervical cancer; and are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act.

CHAIR DYSON announced that there being no objection, conceptual Amendment 1 was adopted.

Number 0010

REPRESENTATIVE CISSNA moved to report HB 65, as amended, out of committee with individual recommendations and the accompanying fiscal notes.

TAPE 01-47, SIDE A

REPRESENTATIVE COGHILL objected.

REPRESENTATIVE KOHRING stated that he is going to vote no on the legislation, but it doesn't reflect his opposition to women who need care. He said this is mainly an issue of who should pay for the service: the taxpayer or private funding. He remarked that there are nonprofit [organizations] that could potentially help.

REPRESENTATIVE COGHILL stated that he feels strongly about this; however, he removed his objection.

REPRESENTATIVE KOHRING stated that he will remove his objection, but will reflect his concerns [when signing the bill].

CHAIR DYSON announced that there being no objection, CSHB 65(HES) moved out of the House Health, Education and Social Services Standing Committee.

HB 197-HEALTH CARE SERVICES DIRECTIVES

[CHAIR DYSON returned the committee's attention to HOUSE BILL NO. 197, "An Act relating to directives for personal health care services and for medical treatment."]

MELANIE LESH, Staff to Representative Bill Hudson, Alaska State Legislature, stated that Representative Hudson, sponsor, would like to continue to work on amending HB 197.

Number 0370

MARIE DARLIN, AARP (formerly the American Association for Retired People), came forth and stated that AARP has been interested in the additional help given to families by use of the Five Wishes outline. She said it definitely helps in planning for health care needs with more complete advanced directives from the elderly or disabled person. She added that she would also like to direct [the committee's] attention to recommendation 10 of the January 1999 Long Term Care Task Force Report, which speaks to the importance of advanced directives and the need for public education regarding their availability.

LORILYN SWANSON, Manager, Fireweed Place, came forth and stated that she is also a member of the Commission on Aging. She said:

I am here today to express to you, from the viewpoint of a service provider, the importance of advanced directives and how HB 197 will meet and assist Alaskans in encouraging people to discuss with their families and friends their personal wishes for care prior to ... becoming incapacitated. I have watched many families find it necessary to make decisions with regard to loved ones and their care at a time when they are not prepared to do so, due to death, due to the imminent prospect of the loss, guilt, denial, grief, or family dissention. Many times these decisions needed to be made immediately or quickly without knowing or having even spoken to the person concerned because no one wanted to address the subject or talk about [it]. It was just too difficult to discuss. When it [it] almost too late and all the forms [needed] to be found, it's extremely difficult to find the forms in one place.

No one form or collection of forms at this time addresses the directives as well as HB 197. It is written and encourages discussions with families in an open and dignified way, with options one might not think of on one's own. It offers a clear reconciliation at the close of life of one's wishes. It prompts one to think of options and gives an opportunity to express oneself.

Number 0612

EUGENE DAU, Volunteer, AARP, came forth and stated that every time people talk about this, they think about money. He said he thinks filling out the form will get more people to do what they should do, instead of holding back because they think it will cost them \$300.

LINDA FINK, Assistant Director, Alaska State Hospital and Nursing Home Association (ASHNA), came forth and stated that in concept [ASHNA] supports the legislation but does not support how it is drafted. She said [ASHNA] would like to work with the sponsor over the interim in order for the bill to work for the providers who have to deal with the forms as well as the people who are filling the forms out.

[HB 197 was held over.]

HB 209-PROGRAM FOR FORMER FOSTER CHILDREN

CHAIR DYSON announced that the last order of business would be HOUSE BILL NO. 209, "An Act directing the Department of Health and Social Services to establish a foster care transitional program; relating to that program; and providing for an effective date."

Number 0794

CHAIR DYSON, speaking on behalf of the House Health, Education and Social Services Standing Committee, sponsor of HB 209, stated that the federal government has recognized that there is a problem with kids who have spent their lives in state custody and may be ill-equipped when they are 18 and take up independent living. He said the federal government has developed a program that includes funding for transition services for those kids. [The legislature] will have to change its law in order to comply.

THERESA TANOURY, Director, Division of Family & Youth Services (DFYS), Department of Health & Social Services, came forth and stated that HB 209 is needed in order for [DFYS] to accept some funding through the federal bill - the Chafee (ph) bill - that gives [DFYS] the authority to serve kids who have been in foster care until they are 18. The Chafee bill requires [DFYS] to serve kids ages 18 to 21 who are no longer in state custody. Currently, under state statute [DFYS] does not have the

authority to spend money on kids who are not in state custody. She added that HB 209 also codifies an independent-living program for this certain population. She clarified that it does not include kids who are being adopted, have a guardian, or are returning home.

CHAIR DYSON asked when this has to be in place in order for [DFYS] to get the federal money.

MS. TANOURY answered that there are no regulations in place for the federal law. She stated that the federal government has told [DFYS] that there will be a penalty, but didn't specify what, and that [DFYS] must demonstrate that a certain percentage of the money must be spent on kids not in foster care over age 18. She said [DFYS] can receive the funding now.

CHAIR DYSON asked, if [the committee] doesn't pass this law, whether [DFYS] can receive the money.

Number 1000

MS. TANOURY responded that [DFYS] can receive it but will be subject to a penalty unless it can prove where it can spend the money. Right now, she said, it does not have the authority to spend money on kids who are not in state custody. She added that [DFYS] also went to the federal government with the idea of extending custody, which is done occasionally for kids who are in foster care and haven't completed high school. The federal government had responded that those kids will not count for that federal requirement; they have to be former foster care children.

REPRESENTATIVE CISSNA asked Chair Dyson what his concern is.

CHAIR DYSON answered that he does not have a big problem with [the legislation]. He said he wants to push [DFYS] to start preparing these kids for transition when they are 16. He stated that in theory there is nothing that is keeping [DFYS] from doing that now, but this money is not available to do that. He said he was also trying to inject a magistrate into that decision. He added that given all that, some "neat" things are happening: the universities have promised five scholarships for these kids; virtually every labor union is going to offer a couple of free apprenticeships; and housing, mentors, and health care are being determined.

Number 1199

REPRESENTATIVE STEVENS remarked that when he thinks of an 18- to 21-year-old, he thinks of a person who is ready to leave as quickly as he or she can. He stated that he needs to be convinced that someone who is 18 or 21 is in a situation in which he or she needs to have the state shepherd him or her into life. He asked if a kid is having trouble at 18, whether [DFYS] can get that person in better shape by the time he or she is 21.

CHAIR DYSON responded that some of these kids have prenatal alcohol damage and other things. He said that [DFYS] is not going to do this with every kid, and it is largely voluntary. If the kid wants to avail himself or herself, and learn how to get a driver's license or use a checkbook, he or she will have those services available.

Number 1320

REPRESENTATIVE CISSNA stated that having worked with adolescents, adolescents today are not the adolescents "we" used to have. She said some of it is due to the kind of pressures that kids have now that they didn't have 30, 40, or 50 years ago; they mature more slowly. The average adolescent today has not really taken on adult symbols of maturity. She stated that the kids who have been in the foster care system oftentimes have been in situations in which the people they were with weren't professionals helping them develop full maturity as adults. They have missed out on a number of the steps that normally a parent is going to very deliberately have been working toward for years. She remarked that these kids have "holes" in their development, and this would pick up those missing pieces.

MS. TANOURY stated that this bill, as well as the federal bill, tells [DFYS] to identify the kids who are likely to "age out" of the foster care system. This creates a program around these children that isn't there today, because there hasn't been any funding. The focus has been to get kids with families; however, there are some kids who aren't going to go back to the family or be adopted. She stated that what happens to those kids is that at age 18, or the day the custody ends, there is no support for them. She said there is a feeling of obligation to these children to make sure that they have the right start, given the history that many of them have endured.

Number 1490

CHRIS CROMER testified via teleconference in support of HB 209. He stated that he has been a foster parent for many years. He stated that he heard Ms. Tanoury say that this does not have an impact on children taken into the guardianship program; however, he thinks that is a big population that is being left out. He noted that 79 children this year taken into guardianship will enter adulthood while still in high school. He asked if there are any plans to add that into this.

MS. TANOURY responded that the federal bill refers to kids aging out - those kids who are in foster care on their 18th birthday. She said [DFYS] has had three or four 17-year-olds this year who were adopted. Most of the time a guardianship takes place early; therefore, there is a significant adult in their life. She stated that [DFYS] would like to see those kids in the guardianship program get some independent-living skills, but [DFYS] is trying to prioritize the population in order to address those kids who have no adult [in their lives].

MR. CROMER stated that he can see the point. He said, in his case, [he took a child in, under guardianship] after that child was under his care for four years. By the time all of the proceedings went through, the child was 17. However, regardless of his age, that wouldn't have stopped the fact that he graduated at 19. Mr. Cromer stated that if he were to have taken this child at 5, 12, or 17, he still would have lost his benefits at the age of 18 and would have had to complete his entire senior year of high school without Medicaid and without subsidies provided by the state.

CHAIR DYSON asked Ms. Tanoury if the federal law would exclusively preclude children who had only been in guardianship for a relatively short period of time from participating in this transitional services.

MS. TANOURY responded that the federal law says, "children who are likely to age out of the foster care system." She stated that she thinks it is good practice - for any kid who is in custody at 16, whether he or she is going to be adopted or have a guardianship - for [DFYS] to be talking to them and the foster parents about the preparation that the youth needs.

CHAIR DYSON asked when a guardianship ends.

MS. TANOURY answered, [when the young person is] 18.

CHAIR DYSON asked, "Can't we argue that these kids are aging out as well?"

MR. CROMER responded that he thinks, parallel to this bill, the federal government, through the Title IV-E, allows [protection] until the age of 21; however, the state has put a limit on that to the age of 18.

Number 1280

MS. TANOURY stated that [DFYS] has had many discussions about extending the subsidy program as well as extending foster care.

REPRESENTATIVE CISSNA asked, if that population were added to the guardianship population, whether there would be any fiscal implications.

MS. TANOURY responded that she would have to look at the number of kids being discussed. She stated that [DFYS] will get federal money to do this program - \$500,000 for approximately 50 kids a year. This was authorized to last for five years. She clarified that [DFYS] can spend money on kids younger than 18, and has to spend a certain amount of money on kids between 18 and 21 who are former foster kids.

REPRESENTATIVE CISSNA asked if it is \$500,000 for as many kids as can be covered.

MS. TANOURY answered, "That's correct."

Number 1900

REPRESENTATIVE COGHILL asked how many of these kids have mental health issues.

MS. TANOURY referred to documents provided in the committee members' packets and replied that [DFYS] had conducted a survey, which found that about 52 percent did not have any disability.

REPRESENTATIVE COGHILL stated that [the legislature] is looking at a significant cost in housing. He asked if this is going to back up programs that are already working with people with disabilities.

MS. TANOURY responded that those kids will probably transition into the developmentally disabled programs or the mental health programs.

REPRESENTATIVE COGHILL asked if any of this money will go with them.

MS. TANOURY answered, no.

CHAIR DYSON stated that he and Representative Cissna are thinking of one of three options: do nothing, have [DFYS] serve some of the kids who are aging out of guardianship and have needs, or put that in the bill.

REPRESENTATIVE CISSNA said maybe there should be some priority for kids who really need what can't be provided.

Number 2025

TIMOTHY SPENGLER, Division of Family & Youth Services, Department of Health & Social Services, stated that a good portion of the \$500,000 will be used for children who are still in foster care - ages 16 to 18. It will not all be used for those who are aging out of the program. He added that guardianship of a DFYS child is considered a permanent plan, like adoption or going home. Hopefully, someone who was guardian to a child would continue to be involved in that child's life, just as if he or she had adopted that child. He stated that the money is limited, and if it is spread too thin with youngsters who have significant people in their lives, it will limit what can be accomplished with the youngsters who have nobody in their lives.

REPRESENTATIVE JOULE asked what percentage of this money would be for the kids [DFYS] would want to get ready prior to 18, and if [any of that money] would go to training foster parents.

MS. TANOURY responded that [DFYS] has not specified that amount but has talked about putting some money into foster parent training. She added that when the guardianship takes place, the case is closed. If the child has special needs, [DFYS] provides the subsidy until he or she is 18, and annually reviews it. She said this is a little different from having a kid age out and keeping an open, monitored case.

REPRESENTATIVE CISSNA asked Mr. Cromer, in terms of the guardianships, whether there are ways [DFYS] can provide training or extended opportunities, but not "drain the bank" specifically on [guardianship].

MR. CROMER responded that he has no desire to add guardianships specifically to HB 209. He clarified that he is in full support of this bill, but thinks there is a simple remedy for the guardianship issue. The guardian should take on the responsibilities as a standard parent; however, subsidies and Medicaid should continue until the age of 18. If there is school left, these [guardians] need to be supported.

Number 2201

CHAIR DYSON remarked that he has two proposed conceptual amendments. The first one would allow [DHSS] to receive grants as well as program money, and the second limits the age to under 21, instead of under 22.

REPRESENTATIVE JOULE made a motion to adopt the foregoing as conceptual Amendment 1 and conceptual Amendment 2. There being no objection, conceptual Amendment 1 and conceptual Amendment 2 were adopted.

Number 2299

AL SUNDQUIST, President, Alaska Chapter, Americans United for Separation of Church & State, testified via teleconference in opposition to HB 209 as it is currently written. He stated:

This bill is unconstitutional and should be amended. Americans United is a national, nonprofit, nonpartisan organization committed to preserving the constitutional principles of separation of church and state and religious liberty. ... In the definitions section of this bill, "qualified entities" includes churches and religious organizations. This is unconstitutional. The first amendment of the U.S. Constitution prohibits funding of [religious organization].

TAPE 01-47, SIDE B

MR. SUNDQUIST continued, stating:

The Alaska constitution includes similar prohibitions, also specifying churches, is evidence of privatizations of one faith, which as additionally prohibited. An amendment would easily remedy this by changing the language on page 3 from "churches and religious organizations" to religiously affiliated

organizations". If funding is provided through religiously affiliated organizations, there will need to be safeguards, as usual, so that indoctrination and proselytizations of beneficiaries is prohibited; that government funding precludes discrimination in hiring on the basis of religion; and that no funds can be used for religious purposes.

Number 2282

RANDALL LORENZ, Staff to Representative Fred Dyson, Alaska State Legislature, speaking as the committee aide to the House Health, Education and Social Services Standing Committee, stated that what Mr. Sundquist is referring to comes under Article VII of the [U.S.] Constitution, which dealt with the public school system only. There were two arguments: one was direct and indirect funding of a private or religious school. [Article VII] only talked about direct funding of a school and did not address indirect [funding]. Therefore, as long as a single private entity is not directly funded, the constitution is not violated.

Number 2207

REPRESENTATIVE JOULE moved to report HB 209, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 209(HES) moved from the House Health, Education and Social Services Standing Committee.

ADJOURNMENT

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at 5:32 p.m.