

ALASKA STATE LEGISLATURE
SENATE LABOR & COMMERCE COMMITTEE

February 1, 2001
1:30 p.m.

MEMBERS PRESENT

Senator Randy Phillips, Chair
Senator Loren Leman
Senator John Torgerson
Senator Bettye Davis

MEMBERS ABSENT

Senator Alan Austerman

COMMITTEE CALENDAR

SENATE BILL NO. 38

"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."

HEARD AND HELD

Presentation by Alaska Process Industry Careers Consortium:
Ms. Ruth Lister
Mr. Fred Villa

PREVIOUS COMMITTEE ACTION

SB 38 - No previous action to consider

WITNESS REGISTER

Commissioner Karen Perdue
Department of Health and Social Services
PO Box 110601
Juneau, AK 99801-0601

POSITION STATEMENT: Supported SB 38.

Ms. Cathy Feaster
Alaska Nurses Association
3205 Woodland Park Dr.
Anchorage AK 99517

POSITION STATEMENT: Supported SB 38.

Ms. Sue Ciccone
2201 Kenlty Ct.
Anchorage AK 99504
POSITION STATEMENT: Supported SB 38.

Ms. Bernice Starkey
P.O. Box 770829
Anchorage AK
POSITION STATEMENT: Supported SB 38.

Ms. Shelley Coolidge
2001 Dolly Varden Ave.
Anchorage AK 99516
POSITION STATEMENT: Supported SB 38.

Ms. Donna Josey
615 Winterhaven
Anchorage AK 99504
POSITION STATEMENT: Supported SB 38.

Ms. Jana Josey
615 Winterhaven
Anchorage AK 99504
POSITION STATEMENT: Supported SB 38.

Ms. Marie Lavighe, Executive Director
National Association of Social Workers, Alaska Chapter
4220 Resurrection Dr.
Anchorage AK 99504
POSITION STATEMENT: Supported SB 38.

Ms. Anne Harrison
Planned Parenthood
3270 Rosie Creek Rd.
Fairbanks AK 99709
POSITION STATEMENT: Supported SB 38.

Ms. Cheryl Kilgore
Interior Neighborhood Health Clinic
1949 Gillam Way, Suite D
Fairbanks AK 99701
POSITION STATEMENT: Supported SB 38.

Ms. Josephine Ryan
P.O. Box 553
Homer AK 99603
POSITION STATEMENT: Supported SB 38.

Ms. Polly Hessing
P.O. Box 240368

Douglas AK 99824
POSITION STATEMENT: Supported SB 38.

Ms. Kate Coleman
P.O. Box 142
Juneau AK 99801
POSITION STATEMENT: Supported SB 38.

Ms. Janie Wilson
P.O. Box 21851
Juneau AK 99801
POSITION STATEMENT: Supported SB 38.

Ms. Ruth Lister
Alaska State Hospital and Nursing Home Association (ASHNHA)
P.O. Box 21134
Juneau AK 99802
POSITION STATEMENT: Supported SB 38.

Ms. Caren Robinson
Alaska Women's Lobby
Juneau AK 99801
POSITION STATEMENT: Supported SB 38.

Ms. Nancy Weller
Division of Medical Assistance
Department of Health and Social Services
PO Box 110601
Juneau, AK 99801-0601
POSITION STATEMENT: Supported SB 38.

Ms. Mary Diven
Division of Public Health
Department of Health and Social Services
PO Box 110601
Juneau, AK 99801-0601
POSITION STATEMENT: Supported SB 38.

Mr. Fred Villa, Co-Chair
Bylaws and Membership
Alaska Process Industry Careers Consortium (APICC)
c/o UA Corporate Programs
3890 University Lake Dr., Suite 107
Anchorage AK 99508
POSITION STATEMENT: Presented APICC Briefing.

Ms. Ann Spohnholz, Executive Director
Alaska Process Industry Careers Consortium (APICC)
c/o UA Corporate Programs
3890 University Lake Dr., Suite 107
Anchorage AK 99508

POSITION STATEMENT: Answered questions regarding APICC.

Mr. Dennis Murray
Alaska State Hospital and Nursing Home Association
426 Main Street
Juneau AK 99801

POSITION STATEMENT: Supported SB 38.

ACTION NARRATIVE

TAPE 01-2, SIDE A

Number 001

#SB38

SB 38-MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER

CHAIRMAN RANDY PHILLIPS called the Senate Labor & Commerce Committee meeting to order at 1:30 p.m. and announced SB 38 to be up for consideration.

COMMISSIONER KAREN PERDUE, Department of Health and Social Services (DHSS), said that Congress recently passed legislation to improve health care for women by extending Medicaid coverage for treatment of breast and cervical cancer. This bill allows Alaska to take advantage of this option. By opting into this program, uninsured women who have been diagnosed with breast or cervical cancer under the federally financed screening program would be eligible for treatment of those conditions. Last year in Alaska it would have meant about 40 women who could not otherwise afford cancer treatment would have received this care.

COMMISSIONER PERDUE explained that a large number of these women do get care, but they are saddled with a large number of bills and there is evidence that women delay care because they are concerned about financing the care. She did not mean to imply that physicians are not treating these women.

The screening program began in 1990 when Congress passed the Breast and Cervical Cancer Mortality Prevention Act (BCCMPA), she said. It was passed with broad bi-partisan support. There are four grantees currently operating under this program for women who meet certain eligibility guidelines, but the federal money did not provide the follow-up treatment.

MS. CATHY FEASTER, Alaska Nurses Association, supported SB 38. In FY00, the Breast and Cervical Cancer Early Detection Program provided screening services for more than 15,000 women. Thirty-nine of them were diagnosed with breast cancer and 33 were diagnosed with cervical cancer. This legislation would allow those women with no other resources to obtain treatment for these

cancers. "Early detection and treatment can cure these conditions, thereby reducing the long-term socio-economic drain on the state and increasing the woman's ability to be a contributing member of her community," Ms. Feaster said.

Number 437

MS. SUE CICCONE, breast cancer survivor, said she has had many financial problems and she has not completed treatment, yet. She had insurance, but as of October 1, the company decided not to carry the State of Alaska any longer. This is the middle of her reconstruction. The cheapest insurance she could find is \$600 - \$800 per month with a minimum of a \$3,000 deductible which is completely unaffordable.

SENATOR LEMAN asked if she had discussed her situation with the Division of Insurance.

MS. CICCONE answered that she had and had also written to Senator Murkowski who turned her letter over to the Insurance Commissioner's office. She could buy a high risk insurance policy, but it would cost \$800 per month which is totally unaffordable to her.

SENATOR LEMAN said that it seemed to him if she is terminated in the middle of coverage of her treatment and her premiums were paid, that she has a legitimate complaint which she should pursue.

MS. CICCONE said she also thinks she has a legitimate complaint, but according to the Division of Insurance, the company met lawful notification requirements. She added that she was insured through her employer and one month prior to renewal of her policy, August 1, 2000, the rate was increase by 135 percent.

CHAIRMAN PHILLIPS asked which insurance company she dealt with.

MS. CICCONE answered, "Humana."

Number 578

MS. BERNICE STARKEY, representing herself, said that she had been screened and found to have breast cancer and didn't have insurance. The hospital treated her as an outpatient giving her surgery and sending her home the same day. The surgery cost \$10,000. If she would have had radiation, that would have been another \$10,000. Chemotherapy would have been twice that much. Ms. Starkey said she is 62 years old and self-employed. She lost her home and elected not to have radiation or chemotherapy because of the money. She

has tried to rehabilitate herself, but has declared bankruptcy and now lives on \$1,200 per month.

SENATOR LEMAN asked if she didn't carry insurance when she was self-employed by choice or was she identified as uninsurable.

MS. STARKEY replied that it was a choice she made, but the insurance would have cost \$320 per month and she couldn't afford it in addition to all her other responsibilities. Now she is uninsurable.

SENATOR LEMAN said that several years ago the legislature asked the insurance industry to design a plan for people like her so that the permanent fund dividend would pay for it. It would be a catastrophic care plan, but they came back with a design that worked. He asked her if she would have been interested in something like that in 1997.

MS. STARKEY replied, "Sure."

MS. SHELLEY COLLIDGE, Anchorage resident, deferred her time so that other women could speak.

MS. JANA JOSEY related how her mother-in-law had cervical cancer that totally used up her savings of \$8,000. All of the doctors have dropped her because she could no longer pay for their services. A year ago she could take care of herself, but now she has to depend on the state to do it.

MS. DONNA JOSEY, the mother-in-law, added, "The State really don't give you a lot. I mean it helps. Then I have my kids who support me." She explained that she didn't have time to recover from the procedure or the radiation which takes two to three years.

MS. MARIE LAVIGHE, Executive Director, National Association of Social Workers, Alaska Chapter, said they strongly supported SB 38. She said they, " ...support efforts to extend health care coverage to the uninsured and underinsured, including the expansion of Medicaid coverage to women diagnosed with breast and cervical cancer. It has been estimated that 70 women annually in Alaska who could not otherwise afford treatment may be able to receive payment for care under this plan.

MS. ANNE HARRISON, Planned Parenthood, said she is also a friend and relative of too many women who have had breast cancer. She said that passing SB 38 should be done without any second thoughts. Not funding it would be like having a fire department come to a fire and sit there and watch the house burn.

MS. CHERYL KILGORE, Executive Director, Interior Neighborhood Health Clinic, said their mission is to provide universal access to primary health care. Out of the 10,500 patients they had last year, 50 percent of those visits were people who live at or below 200 percent of the federal poverty level of Alaska. About half of them had no health insurance at all. Two thirds of their patients are women and they are one of the first sites to use the Breast and Cervical Cancer Early Detection Program. Her clinic is currently one of the grantees to provide door-to-door outreach for women between ages 50 - 64. There is a need for women to come in for early screening, particularly for breast cancer, because if detected early, the outcome is much better than if detected later.

She said they have diagnosed a small number of women with breast and cervical cancer and all of them were uninsured. They were working, but in occupations that provided a bare minimum wage and the employers had no health insurance coverage. Those women had extreme difficulties and required a lot of support from her site to help them get the resources once their cancer was detected so it could be treated.

MS. JOSEPHINE RYAN testified that she is a breast cancer survivor. She had a lumpectomy and radiation which cost about \$50,000. The radiation alone was \$40,000. She has always been a very healthy person, eating well and exercising every day. It was a real shock to have cancer. The cost was phenomenal and it was very stressful. She thought that 60 - 70 percent of women don't get checked because of the financial situation that could happen [if they were diagnosed] and said, "Something should be done about that."

Number 1787

MS. POLLY HESSING said she had been working seasonally and going to school and didn't have health insurance, because she didn't have quite enough money to pay for it. She put off getting her annual exams and dental checkups and thought that once she was done with school, she would work and have insurance again. She was very healthy. When she got married several years later, she had insurance and caught up with health screening. She was then diagnosed with breast cancer. If she had not had insurance, it would have been very difficult for her to become insured again. It's expected that one of every two men and one of every three women will have some type of cancer in their lifetime. "Until you're the one who is sick, it's impossible to describe how it feels to fall through that safety net."

MS. KATE COLEMAN testified that when she left state service in 1998

an abnormality was detected on her mammogram and the radiologist said that no additional action was required, but that she should continue to get mammograms every six months. When she left the state service, she took a different insurance policy. When the new policy arrived, it had a rider saying the policy would never cover any breast issues. In the summer of 2000, under the Alaska Breast and Cervical Cancer Early Detection Program, she was diagnosed with breast cancer. Without insurance, she was not referred anywhere.

In Juneau, many women with breast cancer choose a mastectomy whether or not the severity of their disease warrants it, because it's much less expensive and radiation therapy is not available.

MS. COLEMAN chose a lumpectomy and six weeks of radiation therapy to be performed in Anchorage. In addition to financial arrangements for the hospital, she said, arrangements needed to be made for the surgeon, a radiation oncologist, a medical oncologist, x-ray, nuclear medicine, pathologist, housing, and transportation. She finished her radiation last Tuesday and believed this incidence of cancer was over for her. While concentrating on healing, it is a heavy burden to put on a patient. "While the cancer is over, it will be many, many years before I have paid all these bills."

MS. JANIE WILSON strongly supported SB 38. She is a breast cancer survivor and knows it is an emotional and lengthy process to go through. The federal government has already agreed to support this monetarily if the state will agree to spending approximately \$175,000. After being diagnosed with breast cancer, money was not an issue, because she had insurance. She cannot imagine having to make a treatment plan without money with which to cover the plan. It would be simple to just do nothing. She said she is here nine years later as living proof that treatment helped.

MS. RUTH LISTER said she is a breast cancer survivor and supported SB 38. Over the years, the cancer has come back several times. She has always been fortunate enough to work where there is insurance and has had her treatments covered. If she didn't, she wouldn't be here today. Her daughter was 10-years old when she was first diagnosed and she wanted to live long enough to see her grow up. She now has two grandchildren and it's her goal to see them grow up, also. With treatment, these women can keep living and being part of their families and part of the community.

MS. CAREN ROBINSON, Alaska Women's Lobby, supported SB 38. She reiterated testimony saying that it is important to diagnose cancer early and to get treatment that is needed. A person can recover and have a productive life and spend the precious times with family and children. She said that it's a small price to pay, only

\$175,000. She asked them to look at each individual woman and imagine the cost it would be those families and to society if those mothers were no longer here to care for their children.

MS. ROBINSON said she is also one of those people who has to get mammograms every six months. When she was no longer a state legislator getting the wonderful state insurance and went back into the private sector she got Blue Cross/Blue Shield and because of the fact she was on the six months mammogram system, she was perceived as a person who was high risk and was not able to get the insurance she needed. She actually had a rider on her policy that any future breast cancer would not be covered. She fought it and got the disclaimer removed, but it cost her another \$350 per month. She now pays \$650 per month to have nothing but catastrophic insurance coverage. She can't imagine what it would be like to be diagnosed and have to make those kinds of decisions on whether she fed her children or got treatment. She has seven friends who have been diagnosed with cancer this year and has lost two friends in the last five years.

SENATOR LEMAN asked what her definition of catastrophic is.

MS. ROBINSON explained that she had to pretty much be on her death bed before any one was going to assist her on anything. She thought it was \$5,000 to \$10,000 deductible and offered to get him that information.

SENATOR LEMAN said he was trying to rationalize the fiscal note with the testimony. If it cost her \$8,000 per year to avoid on average of about \$17,500 per treatment, "Something isn't right."

MS. NANCY WELLER, Division of Medical Assistance, said that SB 38 is a new option that was added by Congress that allows women who are screened through the BCCMPP to be eligible for Medicaid except for women who have creditable coverage. Anyone who has any kind of coverage, including Alaska Native and American Indian women who are eligible for IHS Services, would not be eligible. She said this year it would affect about 40 women.

TAPE 01-2, SIDE B

Number 2400

She explained that the fiscal note was based on actual expenditures for women with breast and cervical cancer diagnoses for last year. Medicaid does not pay the full cost of services. Providers enroll in the program and agree to accept their payment as payment in full except for the cost sharing that is required under state law. Her division does not pay the full cost for people who are paying

privately.

MS. MARY DIVEN, Division of Public Health, said some women may have been talking about their total costs, not their annual costs. It may take more than one year to go through treatment.

Number 2341

SENATOR LEMAN asked why Ms. Weller said this would affect 40 women per year and the Governor's letter said it affects 70.

MS. WELLER replied that there were over 70 women who were diagnosed under the Breast and Cervical Cancer Detection Program. However, this Medicaid option excludes American Indian and Alaska Native women. Sixty-one percent of the women who were diagnosed with breast cancer and 18 percent diagnosed with cervical cancer were Alaska Natives. She assumed they would not be eligible for purposes of preparing the fiscal note.

SENATOR LEMAN said he assumed they would be adding new people to the group every year and the cost is \$15,000 per person. He asked if they pay about 30 percent of the costs.

MS. WELLER answered that it depended on the facility they went to.

SENATOR LEMAN asked if 30 percent was a reasonable average.

MS. WELLER answered that it's closer to 70 percent for physicians' services and that hospitals would vary depending on their cost reports.

SENATOR LEMAN asked how much they would vary.

MS. WELLER answered that the lowest percentage they were paying was 36 percent and it goes up to 100 percent. A lot of facilities don't offer cancer treatment.

SENATOR LEMAN said he wanted to know the exact costs. He asked if it was reasonable to pay \$8,000 per year to avoid \$20,000 in expenses (as he figured it).

MS. WELLER said it didn't make sense, but that is the cost of insurance. Medicaid is different than insurance in that there is no premium cost for the people who are receiving it. The estimates are based on their actual expenditures in 2000.

SENATOR TORGERSON added that you couldn't get diagnosed and then go and buy insurance.

SENATOR LEMAN agreed. He asked what would a fair amount be.

MS. WELLER responded that she thought the Division of Insurance might be able to address the cost of the private insurance market in the state.

SENATOR DAVIS said she didn't think Ms. Weller could answer that, because each individual would require a different amount of money for any treatment they might have. Most of the women SB 38 applies to don't have any insurance. She said, "They don't pay anything, because they don't have the money to pay."

SENATOR LEMAN said he was trying to get at the amount people could afford to pay and come up with a mechanism so they can afford to have it.

Number 2100

SENATOR TORGERSON asked if any part of the legislation was retroactive.

MS. WELLER replied that they are prohibited under the Administrative Procedures Act from any action in that regard. If the legislation passed, the Department would have to adopt regulations and that would take a considerable amount of time.

SENATOR TORGERSON asked if having four grantees in Alaska meant that only four areas in Alaska have the detection program that's funded by Disease Control.

MS. WELLER answered that the State of Alaska is a grantee and the other three grantees are Native corporations - the North Slope Borough, SEARCH, and South Central Foundation. The State of Alaska covers all the areas the others don't cover.

SENATOR TORGERSON asked what the chance is of someone being diagnosed who isn't covered under the Disease Control regulations.

MS. DIVEN answered that she thought there would be some women who would not be diagnosed under the program. The intent of the program is to reach high-risk women who are delaying early screening to catch cancers early, because they either have high deductibles or no insurance.

SENATOR TORGERSON asked if most of our hospitals were covered by the Center for Disease Control funding.

MS. DIVEN replied that that is the trigger. There are screening providers in 12 communities and many hospitals in those communities are diagnostic providers under the program. Not all hospitals in the state are diagnostic providers.

SENATOR TORGERSON asked what happens if some one is diagnosed in some area where there isn't a provider.

MS. DIVEN replied that that person is in the position that women everywhere in the state are now. They are working on having a broad screening program and having referrals into the program as early as possible at the screening level.

SENATOR TORGERSON asked if this would be funded through the Center for Disease Control.

MS. DIVEN answered that was correct.

CHAIRMAN PHILLIPS asked how many states were participating in this.

MS. DIVEN answered that all fifty states and the territories are participating in the screening and diagnosis program. The federal program just passed this fall and several states have legislation pending.

CHAIRMAN PHILLIPS asked if the other states have basically the same structure that this bill entails.

MS. DIVEN replied yes, because that's the way the federal legislation was written. The federal law was very specific.

CHAIRMAN PHILLIPS asked her to provide the committee with a list of costs and hospital payment structures.

CHAIRMAN PHILLIPS asked if the state is currently funding the 14 programs under AS 47.07.

MS. WELLER explained that AS 47.07.035 addresses what should be eliminated from the program if the funding is insufficient to cover the program. It starts with services and goes to optional groups.

CHAIRMAN PHILLIPS asked if there's a shortage of money, what other factors are thrown in.

MS. WELLER answered that the legislature instructed them only one time in 1994 to go through the list and eliminate services. The first 10 services on the list were eliminated for adults only. (They are mandatory for children.) They were not available for two

years 1994 - 1996 when the legislature instructed them to reinstate the services without funding.

MS. DIVEN explained that the services are such that a lot would have to be done before they started to eliminate the groups. If the Medicaid program were cut in half, they might get to the groups.

COMMISSIONER PERDUE said that the nation doesn't have a perfect health care system and absent our ability to figure out coverage systems, this is the way she thought it would happen. Congress has given the states this opportunity. It is a disease that can be dealt with early on and there are good recovery rates for it.

CHAIRMAN PHILLIPS asked if Congress was mandating coverage for any other diseases.

MS. DIVEN answered this is the only one.

MS. RUTH LISTER, speaking as the Grant Administrator for a grant from the Department of Labor held by the Alaska Hospital and Nursing Home Association (ASHNHA), said that two consortia had applied for the grant and the two groups are Williams Alaska Energy Corporation and the Alaska Process Industry Career Consortium. The two consortia have been working together since November. They both have a very clear and critical problem which is a shortage of people with the skills needed to fill the job openings in Alaska. This is a critical issue for a lot of industries in Alaska. Jobs should go to Alaskans, but they need to receive the training, too.

MS. LISTER said the industry got involved because it wanted a more skilled labor pool and by working with government and the education system, they are able to impact the training that happens to make sure it meets industry standards. They are involved with post-secondary and with k-12 education levels and work with the Alaska Human Resource Investment Center (AHRIC) within the Department of Labor. They also work with the job centers and the Alaska Native Centers for Employment and Training.

When they have brought in people from the National Skills Standards Board to work with them in Alaska, they have found that Alaskans are in the lead among the states in terms of industry getting involved with work force development.

MS. LISTER focused specifically on the health industry and nursing, the area with the highest need. Currently, the UAA is graduating 60 registered nurses (RN) per year and they just expanded into Fairbanks and Kodiak. This will add another 24. At the same time,

according to a recent snapshot survey they did for ASHNHA, there were 276 nursing vacancies, extrapolated that means about 400. The Department of Labor shows over the next 10 years there will be 150 new nursing jobs a year opening up. This doesn't include jobs that people will be leaving because of the aging work force. They figure there are at least a couple of hundred job openings a year in nursing and less than 100 graduates being produced. This is a good example of where that skill need is not being met in Alaska and where the training possibilities need to be expanded - particularly into smaller regional areas where they are often hiring as many as 60 percent of their work force from out of state.

Right now, Providence Hospital goes to the Philippines and other countries to recruit nurses. Ms. Lister explained:

There are a number of different areas the University is looking at funding which they hope the legislature will consider funding such as radiography tech where there's a strong demand, but there's no training in this state. There are enough positions coming up in areas such as mammography to CT scans where we could very well do the training. This is one of their big pushes - that you will support post-secondary budgets, particularly the University, where they are putting in new initiatives for both the health and process industries.

MR. FRED VILLA, Alaska Process Industry Careers Consortium (APICC), said that he works for Williams Alaska Petroleum Inc. at the North Pole refinery. He explained that APICC is a newly formed non-profit organization involved in workforce development and is an industry led consortium. He explained that process industries include oil and gas from production and wellhead through transportation and pipeline systems through petrochemical and refineries, mining, power generation, waste water and water treatment systems, and large industrial scale food processing (Alaska seafood). "It is turning resources for items into something else that you monitor or control," he said. In the past a lot of these industries have relied on, at times, going out of state to bring the workforce in.

In August of 1999, APICC did a snapshot of some of the industry partners and recognized an attrition level of the employee population due to retirement in excess of about 500 employees within the next 10 years. Those are jobs that are required now and in the future to maintain those industries at those levels. That wasn't projecting the gas pipeline or future projects, he said. These are jobs where people will have to be replaced. The state is losing the experience, the safe workers and safe work practices.

"When APICC formed, they brought together education providers,

industries, unions, and government people to form a consortium to develop a fast track system to replace those workers or get workers in those fields," Mr. Villa said. Since August of 1999 they have developed curriculum to the standards of the front line workers in the field and overfilled classes at three campuses at UAF, UAA, and Kenai Peninsula College (KPC). One of the criteria they have in developing this program is that credits are fully transferable among the campuses in the UA system.

MR. VILLA said that they view this as a program, not just a project, and are looking at 20 additional job classes that directly support process industries. These will be prioritized by criticality to the industry, the numbers, and the salaries. As they do that they are going to look at adopting national standards for each job and survey the current training programs to see if they meet the standards.

MR. VILLA said that the labor unions are involved and are opening their doors to best practices and best results in establishing training programs to put people into the work force. He asked for the legislature's support in vesting occupational education as things come across the table and investing in those things that meet industry based skill standards, especially those incorporating statewide delivery systems. He also asked them for support of the career pathways system including ARIC, the one-stop system, ABC, and others that are providing career opportunities to Alaskans. He asked for support for vocational education funding, UA and tech positions for new and expanded programs, especially in the health and process industries.

MR. VILLA concluded that the legislature should encourage emphasis on employability standards as well as the academic performance standards for the high school exit exams. He said, "APICC is really here as a model for consortium building and how industry can be involved in everything from k-12 efforts to industry to work force development. APICC can work with you in work force development and we're willing to share our best practices for best results..." He said they want to raise the level of awareness of what opportunities are here in the state and help guide the pathways that make education applicable to those areas of interest.

SENATOR DAVIS asked him to explain the grant.

MS. LISTER answered that the two consortia have a grant from the federal Department of Labor for doing work force development, like needs assessment and creation of a confidential web-based survey tool that businesses can use for their job openings.

SENATOR DAVIS asked how long the grant is for.

MS. LISTER answered 18 months.

CHAIRMAN PHILLIPS asked if they were working with institutions other than the ones she had listed, like private schools.

MS. ANN SPOHNHOLZ, Executive Director, APICC, answered, "Not yet, but we would be absolutely open to it."

CHAIRMAN PHILLIPS asked if they were waiting to be contacted.

MS. SPOHNHOLZ replied, "There's only one of me and I just started. So I'm running as fast as I can."

MR. DENNIS MURRAY, ASHNHA, said they have had some initial meetings with Alaska Pacific University (APU), which has more of a liberal arts focus and other schools. He said they have just started assessing who in the education community can fit the needs of either industry, either APICC or ASHNHA.

CHAIRMAN PHILLIPS thanked everyone for their testimony and said he would hold the bill for a further hearing and adjourned the meeting at 2:25 p.m.

#