

**MINUTES**  
**SENATE FINANCE COMMITTEE**  
**January 21, 2004**  
**9:01 AM**

**TAPES**

SFC-04 # 1, Side A  
SFC 04 # 1, Side B

**CALL TO ORDER**

Co-Chair Gary Wilken convened the meeting at approximately 9:01 AM.

**PRESENT**

Senator Lyda Green, Co-Chair  
Senator Gary Wilken, Co-Chair  
Senator Con Bunde, Vice Chair  
Senator Fred Dyson  
Senator Ben Stevens  
Senator Lyman Hoffman  
Senator Donny Olson

**Also Attending:** JOEL GIBERTSON, Commissioner, Department of Health and Social Services; SHERRY HILL, Special Assistant, Office of the Commissioner, Department of Health and Social Services; JON SHERWOOD, Unit Manager, Beneficiary Eligibility Policy, Division of Medical Assistance, Department of Health and Social Services; MARIE DARLIN, Coordinator, Capitol Task Force, AARP; BOB GRIGGS, Staff Attorney, Disability Law Center

**Attending via Teleconference:** There were no teleconference participants.

**SUMMARY INFORMATION**

SB 259-SENIORCARE

The Committee heard from the Department of Health and Social Services and took public testimony. A committee substitute was adopted, one amendment was discussed, but not formally introduced, and the bill was held in Committee.

#sb259

SENATE BILL NO. 259

"An Act establishing the SeniorCare program and relating to that program; and providing for an effective date."

This was the first hearing for this bill in the Senate Finance Committee.

Co-Chair Wilken explained that this legislation would establish a senior care program within the Department of Health and Social Services to provide either "cash assistance or prescription drug benefits to eligible Alaskan seniors 65 years of age or older." He stated that the program would provide these benefits until such time as the forthcoming federal Medicare drug benefit program is operational in the State. He pointed out that a memorandum [copy on file] from Jean Mischel, Legislative Counsel, Division of Legal and Research Services, Legislative Affairs Agency, dated January 15, 2004 has been provided to explain the committee substitute that has been provided to the Committee.

Co-Chair Green moved to adopt the aforementioned committee substitute, CS SB 259, Version 23-GS2123\D, as the working document.

There being no objection, the Version "D" committee substitute was adopted.

JOEL GILBERTSON, Commissioner, Department of Health and Social Services, stated that, in December 2003, Governor Frank Murkowski introduced "a three-pronged SeniorCare" program "to make prescription drugs more affordable; to assist in the purchasing of prescription drugs for seniors; and to make the social service programs and health programs more available to seniors in the State more available to seniors through the establishment of a Senior Information Office." He explained that this bill, which presents the only portion of the SeniorCare program that would require Legislative approval, would establish "the cash or drug subsidy assistance for low-income seniors in the State to assist them in purchasing prescription drugs."

Commissioner Gilbertson expounded, for the benefit of the Committee, that another of the three SeniorCare components is the establishment of a Senior Information Office within the Department to provide "a single, one-stop shop" through which seniors, who might previously have had difficulty in accessing "the myriad of services" the Department provides, could access senior programs via the telephone or Internet or in person. He avowed that the Senior Information Office would be staffed by individuals knowledgeable with the entirety of local, State and federal assistance programs

that would be available to them. He calculated that, in FY 04, the Department would be providing in excess of \$220 million in program services to seniors in the form of such things as food assistance, assisted living, long-term care assistance, cash assistance, heating assistance and other services.

Commissioner Gilbertson informed the Committee that the third component of the SeniorCare program would be the development of a Medicaid Preferred Drug List "to make Alaska pharmaceutical products more accessible and more affordable" for Alaskans.

Commissioner Gilbertson reiterated that the goal of this legislation is to establish "comprehensive health care coverage to low-income seniors and general universal health care coverage for prescription drugs to all seniors" by serving as a bridge to the federal Medicare prescription drug benefit program proposed to begin January 1, 2006. However, he warned that the federal program, while scheduled to begin in January 2006, might be delayed due to the complexity of the issue. In the meantime, he explained, the federal government would provide an annual \$600 Medicare subsidy to low-income seniors living at or below 135 percent of the federal poverty level (FPL) and in addition would provide all seniors with a Medicare prescription drug discount card.

Commissioner Gilbertson stated even though the interim \$600 federal assistance subsidy would be available to seniors living at or below 135 percent of FPL, "a gap still exists." He reminded Members that currently the Department is providing \$120 per month to seniors living at or below 135 percent of the FPL, via the State's Senior Assistance Program that was established in the fall of 2003 to assist these seniors "during the phase out of the Longevity Bonus Program." He further explained that this bill would provide State seniors living at or below the 135 percent of FPL with their choice of either continuing to receive the \$120 per month cash assistance or to receive a \$1,600 annual prescription drug subsidy to augment the federal subsidy until the federal drug assistance program is implemented.

Commissioner Gilbertson pointed out that, in addition, to this category of recipients, the legislation would expand State assistance to seniors living between 135 and 150 percent of the FPL. He reviewed the details of the proposal as specified in the "SeniorCare Comparison of Qualifications and Benefits" chart [copy on file] as follows.

<b>SeniorCare Prescription Drug Subsidy</b>	<b>SeniorCare Cash Assistance Subsidy</b>	<b>Senior Prescription Drug Subsidy</b>
---	---	---

<b>Qualifications</b>	*135% of Poverty Level *Annual Income below \$15,135 single \$20,439 Couple *Liquid Assets below \$4,000 Single \$6,000 Couple	*135% of Poverty Level *Annual Income below \$15,135 single \$20,439 Couple *Liquid Assets below \$4,000 Single \$6,000 Couple	*135% to 150% Poverty Level *Annual Income below \$16,815 single \$22,710 Couple *Liquid Assets below \$4,000 Single \$6,000 Couple
<b>SeniorCare Benefit April 2004 - December 2005</b>	*\$1,600 Annual Prescription Drug Subsidy (prorated)	*\$120 a month cash assistance (up to \$1,440 annual)	*\$1,000 Annual Prescription Drug Subsidy (prorated)
<b>Medicare Bene- fit May 2004- December 2005</b>	*Annual Medi- care Subsidy \$600  *Medicare drug discount	*Annual Medicare Subsidy \$600  *Medicare drug discount	*Medicare drug discount

Commissioner Gilbertson reiterated that the proposed legislation would be terminated upon the implementation of the federal prescription drug benefit program; and he reminded that this legislation does not specify a specific termination date because the desire is to assure that State assistance would continue were a delay in the federal program to occur.

Commissioner Gilbertson declared that the transition from the State assistance program to the federal program would be "seamless," and that the federal benefits would be comparable to the benefit provided by this legislation. He shared that the forthcoming federal assistance program would include such things no annual premium or deductible being required of eligible seniors living at or less than 135 percent of poverty level. He noted that coverage for seniors living between 135 and 150 percent of the FPL would be subject to a sliding scale premium subsidy and a lower deductible than normally available.

SHERRY HILL, Special Assistant, Office of the Commissioner, Department of Health and Social Services, noted that while the Department has provided detailed information pertinent to this legislation, specific details regarding the federal program have not been provided.

Commissioner Gilbertson presented a chart [copy on file] titled "SeniorCare Bridging the Gap Comparison of Benefits" that exemplified how the SeniorCare proposal would affect a senior who might spend \$2,500 annually on prescription drug expenses.

[Note: While the Department's oral testimony correctly specified that in order to qualify for the subsidy, a senior's income must be equal to or less than 135 percent of the federal poverty level, the following chart provided by the Department incorrectly specifies that the income level must exceed 135 percent.]

**Bridging the Gap  
Comparison of Benefits  
\$2,500 Annual Rx Cost**

> 135% FPL		
<b>Without SeniorCare:</b>	Out of Pocket:	\$1,650
	Medicare Discount:	\$ 250
	Medicare Subsidy:	\$ 600
<b>SeniorCare RX Benefit:</b>	SeniorCare RX Benefit:	\$1,600
	Out of Pocket:	\$ 50
	Medicare Discount:	\$ 250
	Medicare Subsidy:	\$ 600
<b>SeniorCare Cash Benefit:</b>	SeniorCare Cash Benefit:	\$1,440
	Out of Pocket:	\$ 210
	Medicare Discount:	\$ 250
	Medicare Subsidy:	\$ 600
Between 135-150% FPL		
<b>Without SeniorCare:</b>	Medicare Discount:	\$ 250
	Out of Pocket:	\$2,250
<b>SeniorCare RX:</b>	Out of Pocket:	\$1,250
	Medicare Discount:	\$ 250
	SeniorCare Cash Benefit:	\$1,000

Commissioner Gilbertson avowed that while the proposed out-of-pocket expenses might remain a hardship for some seniors in the State, the Governor's proposal would provide "a safety net" to those who cannot provide for themselves until the federal program is implemented.

Commissioner Gilbertson pointed out that such things as smoking cessation aides, over-the-counter drugs, cough and cold remedies, and impotency drugs would be excluded from coverage. Continuing, he noted that while the program encourages the use of generic drugs, provisions are included in the bill to cover brand name drugs when designated as "medically necessary" by a prescriber.

Commissioner Gilbertson exemplified that, were this cash subsidy program implemented, regulations would be designed to enable seniors to access the program with ease. He stated that qualifying seniors would be issued a card to present at the point of purchase, and, he continued, that card would electronically communicate with the State's Medicaid Management Information System (MMIS) and track the benefit subsidies for the user. He noted that the associated administrative expenses are specified in the Department's accompanying fiscal notes. He stated that were this legislation approved within the next few weeks, the application process could begin in February; enrollment could be conducted in March, and benefits could begin in April 2004. He stated that were this timeframe to occur, expenses would be incurred in the last quarter of FY 04, throughout FY 05, and into approximately the first quarter of FY 06 when the transition to the federal program is expected to occur.

Senator Bunde asked for further information regarding the program's cash benefit component, as he perceives that State programs benefit more from non-cash benefits as opposed to cash benefits.

Commissioner Gilbertson responded that the Department would be providing approximately \$220 million in program assistance to seniors in FY 04 in a variety of manners; some of which would be in the form of cash. He stated that, in addition to various senior care cash programs, the Department also manages the Adult Public Assistance Program, which expends approximately \$20 million annually and supplies up to \$362 per month in cash assistance to approximately 5,000 seniors. He agreed that the State does "get better mileage" from direct benefit programs such as heating and housing assistance "because the dollars are more directly targeted toward the need," could be more "efficiently" delivered, and could deliver a higher level of direct program resources. However, he noted that a benefit of providing cash assistance is "the flexibility" that it provides to the consumer. He attested that this flexibility is "important to protect" and he noted that the adult cash assistance programs proposed in the Governor's FY 05 budget would be fully funded. On behalf of the Department, he acknowledged "the need to temporarily" assist the State's seniors with either cash assistance or a subsidy to address prescription drug expenses, and he stated that the Department would continue to support its cash assistance programs.

Senator Bunde ascertained, therefore, that a part of the proposed SeniorCare cash assistance program "is a duplication of the Adult Public Assistance" Program.

Commissioner Gilbertson characterized the SeniorCare cash

assistance "as a supplement, on top of" the Adult Public Assistance program. He stated that some of the seniors who might receive the prescription drug cash benefit or subsidy money might not meet the income eligibility requirements of the Adult Public Assistance Program.

Senator Bunde described the SeniorCare proposal as "Adult Assistance Program Plus," in that higher income level seniors would qualify.

Commissioner Gilbertson pointed out that, "the one difference is that if you are eligible for Adult Public Assistance...you are automatically eligible for Medicaid," whereas, he clarified, seniors in the SeniorCare program would be limited to simply the receipt of the cash prescription drug benefit.

Senator Bunde commented that, in addition, the SeniorCare eligibility levels also differ from those of the Adult Public Assistance Program.

Commissioner Gilbertson concurred that the eligibility levels would differ in that the qualifying parameters for the Adult Public Assistance Program are an annual income of approximately \$12,000 as compared to a SeniorCare annual qualifying income of approximately \$15,000.

Senator Bunde asked whether qualifying for the Adult Public Assistance program is based on a percent of the FPL.

JON SHERWOOD, Unit Manager, Beneficiary Eligibility Policy, Division of Medical Assistance, Department of Health and Social Services commented that were it a factor, it would amount to approximately 110 percent of the FPL.

Commissioner Gilbertson clarified that while the income level would amount to approximately 110 percent of the FPL, the qualifications are "not directly tied to the FPL."

Co-Chair Green asked for assurance that the transition from the State to the federal medical prescription program "would be seamless and uncomplicated" and that similar benefits would be provided.

Commissioner Gilbertson assured that the transition would be seamless and that the initial federal benefit "would be a little bit richer." He continued that seniors living at or below 135 percent of the FPL would amount to approximately 8,000 of the approximately 10,500 total Alaskan seniors anticipated to receive

SeniorCare benefits. He reiterated that these 8,000 seniors would not be required to meet a deductible nor remit any premiums, and that those seniors living at between 135 and 150 percent of the FPL would have no premiums and reduced deductible levels. In addition, he stated that their cost sharing expenses would also be reduced as compared to that of the general Medicare population.

Co-Chair Green surmised that the Senior Information Service would be available to assist applicants with the transition to the Medicare drug program.

Commissioner Gilbertson agreed. He specified that two fulltime staffers would be hired and trained to assist seniors with federal and local senior programs in addition to the entirety of the Department's programs. He mentioned that the Department has restructured in order to concentrate senior services within one division and to address seniors' concerns regarding the "impenetrability" of the multitude of senior programs.

Senator Olson noted that the legislation specifically identifies in Section 1(h) that prescription drugs, insulin, and insulin syringes would be covered items. Therefore, he asked whether other elderly persons' medically necessary items such as colonoscopy bags would be covered.

Commissioner Gilbertson clarified that this legislation is targeted to address the expense incurred by prescription drugs, and therefore, while some associated items such as insulin would be provided for, the focus of the legislation is limited. He pointed out that some items such things as cough and cold medicine, oral vitamins, smoking cessation aides, and brand name prescription drugs when generic drugs are available, are specifically excluded. However, he noted, "there is an opt-out" provision whereby doctors could prescribe a specific brand name drug. He declared that these provisions assist in making the drug subsidy program available for a "widest range of seniors" as opposed to "a use it or lose it" program in which such things as over the counter cough and cold medicines "are snatched up" at the end of the year in order to expend a specific allotted amount of money.

Senator Olson asked whether prescription cough medicine would be covered.

Mr. Sherwood noted that the legislation's language would exclude such things as over the counter cough remedies and "their prescribed equivalents." However, he clarified that prescribed cough medicine that does not have an over the counter equivalent would be covered.

Senator Olson argued that the bill's language is conflicting as "either a drug is a prescription drug or it isn't."

Commissioner Gilbertson clarified that while drugs that are solely available by prescription would be covered, over the counter drugs for which a prescription might be provided, would be excluded. He noted that further discussion would occur within the Department to clarify the intent of the bill's language.

Senator Olson surmised that the majority of the State's seniors would choose the \$120 per month cash option as opposed to the drug subsidy option; however, he noted that this option would be available once the federal drug assistance program is implemented.

Commissioner Gilbertson reminded that the purpose of this program is to assist seniors with their prescription drug expenses via their choice of either the cash assistance or prescription subsidy option. He stated that upon the implementation of the federal program, the prescription drug expense "burden would be lifted" and the State program would be terminated.

Co-Chair Wilken asked the Commissioner for further information regarding the Department's Division of Health Care fiscal note #5; specifically whether its projected \$85,000 FY 04 expense would be funded via a supplemental request or by existing Department funds.

Commissioner Gilbertson responded that the Department anticipates that a combination of excess funds in the senior assistance program and projected fourth quarter budget surpluses, assisted by some supplemental funding, would fund the FY 04 expense.

Co-Chair Wilken noted that the Department's Division of Public Assistance fiscal note #2 provides further information regarding the number of individuals this legislation would serve. Continuing, he asked the total number of seniors currently being served by the aforementioned \$220 million FY 04 senior service program allocation. Additionally, he asked for further information regarding a separate FY 05 capital project request for a Department computer-indexing program.

Commissioner Gilbertson responded that currently, due to an inadequate Information Technology (IT) system, an unduplicated tracking of individuals being served by the Department's senior services programs is unavailable. He expanded that while the Department could provide an accounting of the persons being served within each of its divisions, the Department's current IT system is incapable of tracking individuals participating in "cross division"

programs. However he shared that this issue is being addressed in separate legislation that proposes to consolidate the Department's 125 separate IT systems into one master client index that could be utilized and shared amongst the entirety of the Department's divisions. He declared that a resolution to this issue would be required in order to provide better utilization and tracking of direct and secondary support services provided to individuals and, furthermore, to members comprising a family unit.

Senator Hoffman asked regarding Co-Chair Wilken's intentions with the bill.

Co-Chair Wilken voiced the intent to hold the bill in Committee; however, he asked that Senator Olson present, for discussion purpose, his proposed amendment.

Senator Hoffman asked whether the proposed prescription drug cash benefit and subsidy would be considered income and would, therefore, be taxable.

Commissioner Gilbertson understood the subsidy to be non-taxable; however, he was unsure as to the determination regarding the cash subsidy. He stated that the Department would address this tax burden concern and report its findings to the Committee.

Senator Hoffman asked regarding the 30-day consecutive absence language as compared to the Alaska Permanent Fund allowable absence of 180 days, and its affect on program recipients as specified in Section 1(k), subsection (2) on page three, line 31 that reads as follows.

(k) An eligible individual who leaves the state may not receive cash assistance or prescription drug benefits under this section during the absence, unless the individual temporarily leaves for one of the following:

- (1) medical treatment; or
- (2) a vacation, business trip, or other absences of less than 30 days, unless the individual has applied for and received a time extension from the department for special circumstances.

Commissioner Gilbertson responded that limiting a vacation absence to 30 consecutive days was a discretionary decision made by the Administration. He stressed that the intent of the legislation is to provide assistance to senior citizens within the State of Alaska.

Senator Hoffman asked for confirmation that the program recipients

must apply for and select one of the two proposed subsidy plans once a year, as specified in Section 1(e) of the bill, on page two, line 23 that reads as follows.

(e) In place of the cash assistance under (d) of this section, an eligible individual may make an irrevocable election to receive prescription drug benefits annually, provided in the manner specified by the department in regulation. The total maximum prescription drug benefit an individual may receive under this subsection in a fiscal year is \$1,600. An individual who has prescription drug coverage under AS 47.07 is not eligible to receive prescription drug benefits under this subsection.

Commissioner Gilbertson confirmed that applications must be submitted on an annual basis, and that individuals living at or below 135 percent of the FPL could elect to receive either the cash assistance option or the prescription subsidy option.

Senator Hoffman suggested that this language, specifically the phrase "irrevocable election," be further clarified.

Commissioner Gilbertson shared that this issue and a related amendment were discussed in a House of Representatives Finance Committee hearing. He stated that the amendment would be supplied to the Committee. He stated that the Department agrees that clarifying language should be furthered.

Senator Hoffman asked for an explanation regarding the exclusion of coverage for name brand prescription drugs, as he ascertained that the bill's language automatically provides coverage for these items in language, located in Section 1(h) on page three, line 15 of the bill that reads as follows.

...However, the department may pay for brand name multi-source drugs if the prescriber writes on the prescription "The brand name drug is medically necessary" and the prescriber writes the reason that the brand name drug is medically necessary.

Commissioner Gilbertson responded that changing the word "may" to "shall" in Section 1(h) was also discussed in the House Finance Committee. He stated that the Department would not oppose this change, as the intent of the Department is to honor a physician's determination that a specific rather than generic drug be prescribed.

Co-Chair Wilken asked the Department to provide the Committee with determinations regarding whether the cash payment would be taxable

and how coverage of name brand drugs should be addressed.

Co-Chair Green asked whether the Department's proposed IT improvements would provide a family with multiple needs the ability to work consistently with one agency rather than being required to meet with several different agencies.

Commissioner Gilbertson responded that while a family's needs and circumstances would be the determining factor, the primary intent of the IT enhancements would be to share information intra-departmentally. He noted that other legislation is being developed to address program design and administration to improve program recipients' interaction with the Department as well as with local agencies to which program grants are awarded.

Co-Chair Wilken asked Senator Olson to address his amendment, and in addition, he asked that Senator Olson and the Department consider incorporation of the amendment into a forthcoming committee substitute.

SFC 04 # 1, Side B 09:50 AM

Amendment #1: This amendment deletes the language on page one, line four that reads "Section 1. The uncodified law of the State of Alaska is amended by adding a new section to read" and replaces that language with the following.

"Section 1. AS 47.65 is amended by adding a new section'

In addition, the amendment deletes "SENIORCARE PROGRAM" on page one, line six and inserts:

"Article 4. Cash and Drug Benefit for Older Alaskans.  
Sec. 47.65.300. Senior care program."

Furthermore, the amendment deletes all material on page five, lines 7 through 12 that read as follows.

Sec. 3. (a) This Act is repealed on the date that the Medicare Part D benefit under P.L. 101-173 for prescription drugs for Medicare recipients is operational for recipients in the state, as communicated to the commissioner of health and social services by the United States Department of Health and Social Services.

(b) The commissioner of health and social services shall notify the revisor of statutes of the date described in (a) of

this section.

Senator Olson explained, but did not formally offer, Amendment #1. He voiced concern that the implementation of the federal program might inadequately address the situation, and therefore, he noted that the intent of the amendment would be to make the SeniorCare drug assistance program permanent.

Co-Chair Wilken asked the Department to evaluate the effects of the amendment on the Department.

MARIE DARLIN, Coordinator, Capitol City Task Force, AARP, referenced the AARP Alaska letter [copy on file] addressed to the Co-chairs, dated January 20, 2004 that expresses the organization's support of this legislation. She shared that while the recent elimination of the Longevity Bonus Program combined with the escalating cost of prescription drugs has incurred a hardship for many of the State's seniors, this program would be a beneficial bridge to numerous low-income seniors until the time that the federal drug assistance program is implemented. She stated that AARP would be available to assist the Administration in this endeavor. In addition she voiced support for the two other components of the SeniorCare program, as she avowed, the assistance that would be provided to seniors and their families by the recently established Senior Information Office is appreciated and would be required to serve the needs of the State's growing senior population. She also noted that the development of a preferred drug list (PDL) for Medicaid and this program, combined with the assurance that name brand drugs would be covered when medically prescribed, would be necessary in order to contain expenses. In summary, she noted that the members of AARP are cognizant of the State's fiscal situation, and she attested that one of AARP's initial concerns about the SeniorCare program was how the program would be funded; specifically that the cost of the program would not negatively affect another necessary State program.

Senator Bunde voiced appreciation for AARP's recognition of the State's fiscal situation.

BOB GRIGGS, Staff Attorney, Disability Law Center, referenced his testimony [copy on file] that was recently submitted to the Co-chairs and clarified that, rather than being written on January 6, 2004 as incorrectly dated, it was actually penned on January 20, 2004. He also pointed out that an analysis he wrote, titled "Alaska's Disabled Medicare Beneficiaries & The Debate Over Drug Benefits: A Forgotten Population?" [copy on file] accompanies the letter.

Co-Chair Wilken confirmed that this information was recently received and that it information would be considered for inclusion in a forthcoming committee substitute.

Mr. Griggs communicated that the Disability Law Center has been advocating since approximately 1996, that prescription drug coverage be provided to all eligible Medicare persons because, due to "an irony" in the federal and State disability benefit programs, there are 225 Alaskans under the age of 65 who have disabilities and receive Medicare benefits, but who, due to the fact that they worked and paid Social Security taxes for ten or more years do not qualify to participate in the Medicaid program that provides a prescription drug benefit. However, he pointed out that individuals with disabilities who have no work history do qualify for the Medicaid prescription drug benefit.

Mr. Griggs continued that while this legislation "is an excellent step" in providing a bridge until the time that the federal program is implemented, numerous individuals with disabilities would not be provided for. Furthermore, he stated that, as referenced in his analysis, a total of 707 disabled individuals in the State under the age of 65 could be characterized as "medically indigent because they spend more than five percent of their income on prescription drugs alone per year." He also noted that these individuals are expensive to provide coverage for, as based on available "dated" 1998 information, \$1,284 is spent annually nationally per capita for prescription drugs as compared to an annual expenditure of \$841 per capita for those over the age of 65. He communicated that, using the 1998 figures, including Alaska's "medically indigent" disabled under the age of 65, in this legislation would cost approximately \$726,000 per year using a 20-percent co-payment as compared to a \$288,000 per year expense were these disabled individuals provided for using FPL incomes as the determining factor.

Mr. Griggs acknowledged the fiscal constraints the State is facing, but urged that, if possible, this issue be further considered out of concern that the forthcoming federal prescription program might not adequately provide for this population group. He voiced support for the bill.

Senator Bunde keyed in on the fact that the cost projections were based on 1998 information and asked whether more recent cost estimates might be available.

Mr. Griggs responded that more recent data is being pursued. He stated that the information being presented was provided as it

contains the most pertinent data that is available.

Senator Bunde requested that possible funding sources be identified to support this need.

Co-Chair Wilken asked whether this information has been provided to the House of Representatives Finance Committee as they are considering a similar companion bill.

Mr. Griggs assured that this information was recently been provided to the House Finance Committee.

Co-Chair Wilken noted that, upon evaluation, the Department would issue a recommendation regarding this information. He noted that this is considered a priority bill, as the Administration would like to enact the legislation as soon as April 2004.

At the request of Co-Chair Wilken, Committee Members identified their Committee aides as follows: Co-chair Wilken's Committee aides are Sheila Peterson, Darwin Peterson, and Marty Meyers; Co-Chair Green's Committee aides are Deb Davidson and Jacqueline Tupou, Senator Ben Stevens' Committee aides are Phelan Straube and Kristy Tibbles; Senator Bunde's Committee aide is Lynn Smith; Senator Olson's Committee aide is Dave Grey; Senator Hoffman's Committee aide is Tim Grussendorf; and Senator Dyson's Committee aide is Lucky Shultz.

The bill was HELD in Committee.

#

**ADJOURNMENT**

Co-Chair Gary Wilken adjourned the meeting at 10:11 AM