ALASKA STATE LEGISLATURE
SENATE HEALTH, EDUCATION AND SOCIAL SERVICES
STANDING COMMITTEE
February 26, 2003
1:35 p.m.

TAPE(S) 03-6

MEMBERS PRESENT

Senator Fred Dyson, Chair
Senator Lyda Green, Vice Chair
Senator Gary Wilken
Senator Bettye Davis
Senator Gretchen Guess

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE BILL NO. 25
"An Act relating to the teachers' housing loan program in the Alaska Housing Finance Corporation; and providing for an effective date."

[THIS BILL WAS MOVED OUT OF COMMITTEE ON 2/24/03, BUT WAS COMMENTED ON AT THIS MEETING.]

SENATE BILL NO. 41
"An Act relating to medical care and crimes relating to medical care, including medical care and crimes relating to the medical assistance program."

HEARD AND HELD

SENATE BILL NO. 78
"An Act relating to an optional group of persons eligible for medical assistance who require treatment for breast and cervical cancer; relating to cost sharing by those recipients under the medical assistance program; and providing for an effective date."

MOVED SB 78 OUT OF COMMITTEE

^Overview:
^Suicide Prevention Council
Ms. Merry Carlson

Ms. Jeanine Sparks
Senator Georgianna Lincoln
Representative Mary Kapsner
Rt. Reverend Mark MacDonald
Ms. Susan Soule
Ms. Carol Seppilu

PREVIOUS ACTION

SB 41 - No previous action to consider.

SB 78 - No previous action to consider.

WITNESS REGISTER

Mr. Elmer Lindstrom, Special Assistant
Department of Health and Social Services
Box 110601
Juneau, AK 99801-0601
POSITION STATEMENT: Supported SB 41 and commented on SB 78.

Ms. Anne M. Gore, Program Director
Breast and Cervical Health Check
Department of Health &
Social Services
PO Box 110601
Juneau, AK 99801-0601
POSITION STATEMENT: Commented on SB 78.

Mr. Kevin Henderson, Eligibility Program Officer
Division of Medical Assistance
Department of Health &
Social Services
PO Box 110601
Juneau, AK 99801-0601
POSITION STATEMENT: Commented on SB 78.

Ms. Caren Robinson
Alaska Women's Lobby
PO Box 33702
Juneau AK 99803
POSITION STATEMENT: Supported SB 78.

Ms. Carla Williams
Alaska Breast Cancer Advocacy
13001 Norak Place
Anchorage AK 99516

POSITION STATEMENT: Supported SB 78.

Ms. Emily Nenon
American Cancer Society
1635 Northwester Ave.
Anchorage 99508
POSITION STATEMENT: Supported SB 78.

ACTION NARRATIVE

TAPE 03-6, SIDE A
^#SB25

SB 25-AHFC LOANS TO EDUCATORS

CHAIR FRED DYSON called the Senate Health, Education and Social Services Standing Committee meeting to order at 1:35 p.m. All members were present. He said that he wanted to correct a statement he made regarding SB 25, which passed out of committee on February 24. After a further look at state law he learned that the state might not be liable for the actions of children who are a ward of the state. Instead, the legal guardian of a child would be liable for their activities.
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^#SB41

SB 41-MEDICAID COSTS AND CRIMES

CHAIR FRED DYSON announced SB 41 to be up for consideration.

SENATOR LYDA GREEN, sponsor, said that because of concerns about the increasing cost of Medicaid and the increasing number of fraudulent claims, the administration and the Department of Health, Education and Social Services (DHSS) want to get input on this bill. She said she would come back to the committee with a new committee substitute (CS) to the sponsor substitute.

CHAIR DYSON asked if there were any objections to adopting the sponsor substitute to SB 41, version 23-LS020\A. There were no objections and it was so ordered.

MR. ELMER LINDSTROM, Special Assistant, Department of Health and Social Services, said this issue was a priority for the governor and DHSS.

CHAIR DYSON said SSSB 41 would be set aside for further work and a hearing at a later date.

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^#SB78

SB 78-MEDICAID FOR BREAST & CERVICAL CANCER

CHAIR FRED DYSON announced SB 78 to be up for consideration and noted that another bill on the same subject, sponsored by Senator Davis, was referred to the Senate HESS Committee. That bill is scheduled for a hearing next week.

SENATOR LYDA GREEN, sponsor, said SB 78 removes the sunset provision of the 2001 legislation to allow women who have been participating the program to continue treatment and to provide treatment for women who will be diagnosed in the future. This bill gives DHSS the authority to impose allowable cost sharing under federal authority for the breast and cervical cancer category. The state would then be able to submit an amended state plan to the federal government that would also provide for the implementation of a system by which these funds would be collected. The language in the bill is the same as the language that was used for the original Denali Kid Care program.

SENATOR GRETCHEN GUESS asked her to describe how other Medicaid programs are dealt with and how many have the cost sharing contribution language in section (e).

SENATOR GREEN explained that the more established Medicaid programs have very high standards, meaning participants must have low levels of income and very limited asset ownership to qualify. The more recent programs have a general reference to an income limit, but not to an asset limit. She suggested that at some future time a co-pay requirement or client participation in rates might allow the program to be extended to other people who might qualify without creating a great expense to the state or the federal government.

SENATOR GUESS asked what co-pays are in effect and would remain in effect if this bill passes.

MR. LINDSTROM said the governor strongly supports this legislation. He explained the current co-pay is $50 per day up to a maximum of $200 for discharge of inpatient hospital services, 5% of allowable charges for outpatient hospital services, $3 per day for physicians services and $2 per day for each prescription and [indisc.].

SENATOR GUESS asked if the language on page 1, line 11, is problematic because it says, "to the maximum extent allowed by federal law," but then later indicates a sliding scale by household income.

MR. LINDSTROM replied that he didn't think so by virtue of the permissive language on line 10, which says, "may require premiums...."

CHAIR DYSON commented the co-pay limits are ridiculously low and asked if federal law requires them.

MR. LINDSTROM replied that is correct and said he was speaking to the maximum that DHSS would be allowed to implement at this point according to federal law.

CHAIR DYSON said he understood the sponsor's comments to mean that to qualify for this benefit a person will have to be at 200% of poverty level, the same as Denali Kid Care.

MR. LINDSTROM replied for this program, Medicaid eligibility is tied directly to eligibility for the screening program and that is 250 percent of the federal poverty level.

CHAIR DYSON said he understood this administration was going to recommend altering some of the qualifying levels and asked Mr. Lindstrom if he was saying those two will not be altered.

MR. LINDSTROM replied the administration supports the bill as drafted and he is unaware of any suggestion to alter the federal poverty level for this program. The point that Senator Green made is why it's important to have this discussion about what the committee might want to consider relative to cost sharing. He pointed out:

> It's been a long-standing desire of this administration that if and when we are allowed to do so by the federal government, it is perfectly fair and very appropriate for individuals who are in these relatively higher income categories to support the medical costs to the extent they are able to do so in a reasonable manner. This is language that we are very comfortable with.

CHAIR DYSON asked how much 250 percent of annual income at the federal poverty level amounts to.

AN UNIDENTIFIED SPEAKER said he thought the poverty level in Alaska is about $11,000 per year, so 250 percent would be about $25,000 for a single person.

MS. ANNE GORE, Program Director, Breast and Cervical Health Check, said she thought the amount is about $23,000 per year for a single individual.

CHAIR DYSON said he understood that there are no asset limitations to qualify.

MS. GORE responded that to be eligible for the screening program, a woman must have an income below the poverty level, be between the ages of 18 - 64 and she may or may not have medical insurance. She may have medical insurance that would preclude her from receiving those screening services (i.e. if the insurance wouldn't pay for preventative health care, such as an annual exam or a mammogram). If she is below the income level, has insurance and the physician submits proof that the insurance carrier denied her claim because those services are not covered, she is eligible to have her screening and diagnostic services paid for. Once she undergoes treatment, even if she has an unmet deductible of $5,000, she is considered to have creditable coverage and is not eligible to receive treatment under Medicaid.

CHAIR DYSON asked about the asset requirements.

MS. GORE replied there is no asset test for the screening and diagnostic program or for the treatment program.

CHAIR DYSON asked if a person would qualify who had a home worth $1 million that was paid for but had just lost his job and medical coverage.

MS. GORE said technically that person could, but she thought one would have enough assets if one owned a million dollar home to pay for screening.

CHAIR DYSON asked Mr. Lindstrom if the preceding administration had moved away from having an asset qualification.

MR. LINDSTROM said this program is peculiar because eligibility is tied to the screening program. Historically, the cash assistance programs have always had an asset test attached.

MR. KEVIN HENDERSON, Eligibility Program Officer, Division of Medical Assistance, DHSS, said some Medicaid programs have been around for 10-12 years that do not have an asset test. However, most of the traditional categories do have asset tests.

CHAIR DYSON said he understood that asset requirements have been on the books, but they have largely been ignored.

MR. HENDERSON replied:

> Medicaid is pretty complicated and as you get into the law, there are 30 some different categories of eligibility - all of those authorized under some federal law - some are mandatory, some are optional....

He explained that the Denali Kid Care program and the Breast and Cervical Program don't have an asset test under the federal provisions. Many of the traditional Medicaid categories that have been around a long time have always had an asset test requirement.

CHAIR DYSON asked if federal law precludes the state from having an asset test.

MR. HENDERSON replied it does in the breast and cervical cancer category. He added:

> It ties eligibility directly to whether they have been screened by the Breast and Cervical Screening Program and that program, I believe by federal law, does not have an asset test attached to it. Adding an asset test to it is not, to my knowledge, an option for the state.

SENATOR BETTYE DAVIS asked if the division had been denied a waiver once for Denali Kid Care and under what circumstances that happened.

MR. LINDSTROM explained that DHSS petitioned the federal government and asked for the ability to do more in the way of co-payments and cost sharing but were told no.

SENATOR DAVIS said according to the bill, the state is already drawing the maximum amount of money it can get based upon the guidelines.

MR. LINDSTROM agreed.

SENATOR DAVIS thought Section 2 was redundant and asked why it is needed.

MR. LINDSTROM replied the governor and commissioner think it is worthwhile to reiterate the notion that with these programs, particularly when someone is above the typical income level for Medicaid, the state be allowed to implement a reasonable cost sharing mechanism.

SENATOR DAVIS said she thought that language should be clarified.

MR. LINDSTROM responded that he thought the language made that clear and he didn't think it was inconsistent with other language.

SENATOR DAVIS asked if Mr. Lindstrom was preparing a new plan or waiting for the federal government to give out new guidelines.

MR. LINDSTROM said he thought allowing the state to go further would require a change in federal law.

CHAIR DYSON said the state could change the 250% of the federal poverty level amount if it wanted to.

MR. LINDSTROM replied that is correct, although it wouldn't be in the context of the Medicaid program; it would refer back to the screening program.

2:04 p.m.

MS. CAREN ROBINSON, Alaska Women's Lobby, supported SB 78.

MS. CARLA WILLIAMS, President of Alaska Breast Cancer Advocacy and the state field coordinator for the National Breast Cancer Coalition said that both organizations support SB 78.

CHAIR DYSON thanked her for her efforts on behalf of all Alaskans, particularly people suffering from these devastating maladies.

MS. EMILY NENON, American Cancer Society, stated support for SB 78 and told members, "It is unconscionable to look a woman in the face and tell them they have cancer when you know they don't have the means to get treatment." She said Congress recognized

this and created the 70 percent federal match to state dollars spent on this program. This month President Bush requested a $10 million line-item increase for the screening and diagnostic side of the program.

She also has questions about the future implications of setting up cost sharing provisions and expressed concern about placing an undue burden on cancer patients now or in the future. The American Cancer Society is flatly opposed to changing the current eligibility requirements for the treatment program. It has to match the eligibility for the screening program otherwise they haven't gotten around the issue of screening uninsured low-income women, knowing that they have no means to get treatment.

SENATOR GREEN moved to pass SB 78 from committee with individual recommendations and the accompanying fiscal note. There were no objections and it was so ordered.
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SUICIDE PREVENTION COUNCIL OVERVIEW

CHAIR FRED DYSON announced the Suicide Prevention Council Overview to be the next item on the agenda.

MS. MERRY CARLSON began the presentation by introducing the council members present. She then reported on the council's accomplishments during FY02. Last year, the council:

(1) Attempted to establish a comprehensive description of the problem of suicide in Alaska and plans to release a "follow-back" study in March 2003.
(2) Held "listening sessions" in six Alaskan cities in which the public, professionals, and other interested parties informed the council about suicide-related issues, histories, and treatment programs in those areas.
(3) Drafted a council Work Plan and by-laws.
(4) Drafted a Statewide Suicide Prevention Plan scheduled for release and public comment in March 2003.
(5) Conducted over 20 presentations across the state designed to inform the public about suicide.
(6) Established an accessible council office and website.

Ms. Carlson continued and said the council aims to:

(1) Continue to review the draft of the Alaska Statewide Suicide Prevention Plan and receive public comment.
(2) Create an Advisory Group to review the draft.

(3) Finalize and distribute the Plan.
(4) Develop a specific five-year “action plan” based on the Plan.
(5) Support three regions of the state in developing regional suicide prevention plans.
(6) Create a Youth Advisory Group.
(7) Create and begin a suicide prevention awareness campaign.
(8) Begin a follow-back study.

MS. CARLSON went on to provide the Committee with statistics of the suicide problem in Alaska. For the years 1991-2000, Alaska recorded 1,264 suicides, the highest rate of suicide in the nation. For every completed suicide, there is an average of over four attempts that require hospitalization. In Alaska, suicide rates are highest in Alaskans aged 15-44, while suicide attempts are most frequent in those age 20-39. Alaska Natives have suicide rates four times greater than the national average rate, and Native males, in particular, have rates over six times the national average. The majority of completed suicides involve firearms. In response to a question from Chair Dyson, Ms. Carlson added that suicide is a symptom; we need to examine the underlying causes.

Ms. Carlson noted the themes of the draft Alaska Suicide Prevention Plan are:

(1) Suicide prevention is everyone’s responsibility.
(2) Successful suicide prevention requires local plans and actions, supported by, and integrated with, regional, state, and national resources.
(3) Suicide is related to many other problems facing Alaska’s communities and cannot be addressed alone.
(4) Suicide prevention efforts should target at-risk populations.
(5) To prevent suicide, we need to develop healthy communities across Alaska.
(6) Successful suicide prevention will require sufficient resources.

MS. CARLSON concluded by making the following recommendations to the Governor and the Legislature:

1. Educate the public about suicide, its warning signs, and specific risk and protective factors.
2. Fund local suicide prevention plans and actions, supported by, and integrated with, regional, state, and national resources.

3. Continue funding research for follow-back and other studies to determine effective prevention and intervention strategies in Alaska.
4. We cannot delay or suspend prevention efforts.
5. Fund ongoing prevention programs and research at current levels. Where possible, provide increased funding for existing and new programs.

MS. JEANINE SPARKS read the testimony of CAROL SEPPILU. Ms. Seppilu is a 20-year old resident of Savoonga, Alaska who has lost many friends to suicide. She attempted suicide several years ago while under the influence of alcohol. Her miracle of survival has led her to become actively involved in suicide prevention. She is a member of the council who attends workshops and assists with program development, her main focus remaining on youth. She reported that in her opinion, education is the most effective method of suicide prevention. Developing self-confidence and other positive personality traits are important in this education. Her previous lack of these skills led her to depression and a suicide attempt. She thanked the committee for its support of the council.

In response to a question from Chair Dyson, Ms. Sparks reported that “follow-backs” involve investigating unsuccessful suicide attempts to learn what factors and signs contributed to the attempt.

SENATOR GEORGIANNA LINCOLN reported that the council began with the goals of former Senator Rick Halford. She noted the average hospital cost of an unsuccessful suicide attempt is $7,200, which is twice the amount of funding required to operate a community-based prevention program for one year. In other words, to recoup costs, a program needs only to prevent two suicide attempts. Further, the cost for prevention programs would be $2.40 per resident, while hospitalization costs for unsuccessful attempts are $6.22 per resident.

REPRESENTATIVE MARY KAPSNER reiterated the council’s recommendations to the Legislature. She emphasized the importance of educating the public about suicide warning signs and specific risk and protective factors associated with suicide. She stressed the need to fund local suicide prevention plans and actions, supported by and integrated with regional, state, and national resources. She concluded with the request to continue funding research for follow-back and other studies to determine effective prevention and intervention strategies in Alaska.

RT. REVEREND MARK MACDONALD reported that the problem of suicide is so deep and intense in our communities that we are uncomfortable examining and studying it. He is currently hoping and working for the creation of a common community around this issue that can respond with all available resources.

MS. SUSAN SOULE commented on community-based prevention programs. She reiterated that the cost of prevention is far less than the cost of response and hospitalization.

In response to a question from Chair Dyson, Mr. MacDonald agreed to the essential religious and spiritual component in dealing with and preventing the problem of suicide.

MS. CARLSON concluded by reminding committee members that suicide has many causes, which allows us many opportunities to intervene, and points to the need for significant resources.

CHAIR DYSON thanked all participants for their presentations and adjourned the meeting at 3:00 p.m.