

HB

665

COMMITTEE REPORT

HOUSE

1/28/76

FINANCE

Mr. Speaker:

Date April 14, 1976

The Committee on HEALTH, EDUCATION & SOCIAL SERVICES has had CS HB 685

under consideration. A Majority of the members of the Committee

- () recommends it DO PASS
- () recommends it DO NOT PASS
- () recommends it DO PASS WITH ATTACHED AMENDMENT(S)
- () recommends it BE REPLACED WITH CS FOR _____ AND THAT CS FOR _____ DO PASS
- () "and" recommends it BE REFERRED TO THE _____ COMMITTEE
- () reports it back WITHOUT RECOMMENDATION
- () "other"

Members signing the Majority report:

Susan Sullivan Do Pass

Members NOT concurring in the Majority report:

James Backus recommends: DO NOT PASS

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

Susan Sullivan Chairman

THANK YOU, MADAM CHAIRMAN, MEMBERS OF THE COMMITTEE, AND GUESTS. MY NAME IS CARL JACK, DIRECTOR, HEALTH AFFAIRS DIVISION, AFN, INC. THE ALASKA FEDERATION OF NATIVES, INC., OPPOSES THE PASSAGE OF H.B. 665 IN ITS CURRENT FORM. THE FEDERATION'S POSITION IS, H.B. 665 IS IN DIRECT OPPOSITION TO THE POLICY WHICH AFN, INC., HAS BEEN ADVOCATING AND THAT IS THE ISSUE OF LOCAL CONTROL. THIS POSITION IS BASED ON THE FOLLOWING FACTS:

SUBSEQUENT TO THE ENACTMENT OF P.L. 93-641, ENTITLED "NATIONAL HEALTH PLANNING AND RESOURCES DEVELOPMENT ACT" BY THE 93RD CONGRESS, MANY OF THE STATE GOVERNMENTS WITHIN THESE UNITED STATES STRONGLY OBJECTED TO THE PROVISIONS OF THE ACT TO THE EFFECT THAT THE FEDERAL GOVERNMENT WAS USURPING STATES RIGHTS. THEY MAINTAINED THAT THE FEDERAL BUREAUCRACY WAS ACQUIRING POWERFUL, CENTRALIZED AUTHORITY OVER LOCAL HEALTH ISSUES. SOME STATES EVEN FILED LAWSUITS TO REPEAL THE ACT.

ON JULY 11, 1975, GOVERNOR JAY HAMMOND SUBMITTED TO REGION X, DHEW A PLAN FOR DESIGNATION OF HEALTH SERVICE AREAS SIGNALING THE STATES ADMINISTRATION INTENT TO SERIOUSLY IMPLEMENT P.L. 93-641. ALTHOUGH THE GOVERNORS PLAN WAS REVISED AT A LATER DATE THE DESIGNATION OF THREE HSA'S COMPATIBLE WITH THE NEED AND RESOURCES OF ALASKA WAS DETERMINED AS IMPERATIVE BY THE ADMINISTRATION AND THE CITIZENRY OF THE STATE OF ALASKA.

ALASKA, IT SEEMS, HAS TAKEN A SOMEWHAT DIFFERENT COURSE. THROUGH H.B. 665, ALASKA IS PROPOSING TO FURTHER CENTRALIZE P.L. 93-641 BY CREATING AN ALL-POWERFUL, STATEWIDE BUREAUCRACY. THIS, IN EFFECT, CREATES AN EXTREMELY UNRESPONSIVE SITUATION WHEREBY VERY LITTLE DECISION-MAKING AUTHORITY IS LEFT AT THE REGIONAL OR LOCAL LEVEL.

THE STATE-OPERATED SCHOOL SYSTEM WAS DISMANTLED BECAUSE IT WAS TREMENDOUSLY UNRESPONSIVE TO LOCAL NEEDS. S.B. 35 DECENTRALIZED THAT AUTHORITY.

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, IN THE PAST, HAS BEEN SHARPLY CRITICIZED FOR ITS UNRESPONSIVENESS TO REGIONAL AND LOCAL NEEDS. DHSS HAS FINALLY RESPONDED WITH A PROPOSAL TO DECENTRALIZE ITS PUBLIC HEALTH POWERS THROUGH H.B. 596. AND YET, AT THE SAME TIME, H.B. 665 IS NOW INTRODUCED WHICH, IF PASSED, WOULD RESULT IN A FURTHER CENTRALIZATION OF AUTHORITY AT THE DEPARTMENT LEVEL. THERE SEEMS TO BE A STRONG CONTRADICTION HERE.

THE KEY TO THE BILL IS THE DEFINITION OF HEALTH SERVICES AND THE DEFINITION OF MEDICAL FACILITY. THESE TWO DEFINITIONS ENCOMPASS THE WHOLE RANGE OF HEALTH SERVICES RATHER THAN FOCUSING ON THE MAJOR INSTITUTIONAL HEALTH SERVICES THAT CERTIFICATE OF NEED IS MEANT TO ADDRESS.

THESE TWO DEFINITIONS, AS WRITTEN, WILL SEVERELY PENALIZE THE SMALLER, CONSUMER-ORIENTED HEALTH ORGANIZATIONS. FOR EXAMPLE, THERE ARE SOME 107 VILLAGE BUILT CLINICS THROUGHOUT RURAL ALASKA, OWNED AND MAINTAINED BY THE VILLAGES. THESE CLINICS ARE THE FRONT LINE HEALTH STATIONS WHICH ARE STAFFED BY COMMUNITY HEALTH AIDES. H.B. 665, AS WRITTEN, WOULD PUT THE REGIONAL NON-PROFIT CORPORATIONS THAT OVERSEE THE OPERATION OF THESE CLINICS, IN THE ABSURD POSITION OF HAVING TO PREPARE CERTIFICATE OF NEED APPLICATIONS FOR ALL THE CLINICS THAT HAVE BEEN CONSTRUCTED AND CLINICS

PLANNED FOR CONSTRUCTION IN THE FUTURE.

FURTHER THIS WOULD CREATE AN ADMINISTRATIVE NIGHTMARE FOR THE HEALTH SERVICE AGENCIES, THE STATE OF ALASKA, AND THE REGIONAL ORGANIZATIONS WHICH WOULD HAVE TO PREPARE AND REVIEW EACH OF THESE APPLICATIONS.

WE SUBMIT THAT 1) H.B. 665 USURPS LOCAL INITIATIVE AND 2) THE EFFECT OF THIS BILL PROTECTS PROVIDER INTERESTS AT THE EXPENSE OF THE CONSUMER. THE BILL IF PASSED IN ITS CURRENT FORM WILL PENALIZE CONSUMER-CONTROLLED NON-PROFIT ORGANIZATIONS WHO ARE ATTEMPTING TO PROVIDE PRIMARY HEALTH CARE WHEN THE LEGISLATION SHOULD CONCENTRATE ON THE REGULATION OF MAJOR INSTITUTIONAL HEALTH SERVICES. CERTIFICATE OF NEED PROVISIONS WERE IMPLEMENTED IN THE OTHER STATES IN AN ATTEMPT TO CONTROL THE UNCHECKED OVER-CONSTRUCTION OF HOSPITALS AND OTHER INSTITUTIONAL HEALTH SERVICES BY THOSE WHO MAKE HUGE PROFITS OFF THE ILLNESS OF OTHERS.

RECOMMENDATIONS:

- 1) THAT ARTICLE 3, NEED CERTIFICATION FOR HEALTH CARE, BE ELIMINATED COMPLETELY AND THAT S.B. 233 BE SUBSTITUTED OR THE MINIMUM REQUIREMENTS UNDER P.L. 93-641.
- 2) THAT THE DEFINITION OF HEALTH SERVICES ON PAGE 19 BE CHANGED TO THE DEFINITION OF SERVICES IN S.B. 133.
- 3) THAT THE DEFINITION OF MEDICAL FACILITY ON PAGE 21 BE CHANGED TO THE DEFINITION OF HEALTH CARE INSTITUTION AS DEFINED IN S.B. 133.

ANOTHER INDICATION THAT H.B. 665 IS A PROVIDER-ORIENTED BILL IS THE DEFINITION OF INDIRECT PROVIDER ON PAGE 22. THIS STATES THAT A PERSON,

SUCH AS A FISHERMAN, LIVING IN A REMOTE VILLAGE WHO SITS AS A CONSUMER ON A CONSUMER-CONTROLLED HEALTH ORGANIZATION IS NOW CLASSIFIED AS A PROVIDER OF HEALTH SERVICES.

THIS CLEARLY IS ONE OF THE MAJOR INEQUITIES IN P.L. 93-641.

WE DO NOT NEED TO ACCEPT P.L. 93-641 AS CAST IN STONE. MANY STATES HAVE ENACTED WELFARE LAWS WHICH DEVIATE CONSIDERABLY FROM THE FEDERAL LEGISLATION.

RECOMMENDATION:

THAT THE DEFINITION OF INDIRECT PROVIDER BE CHANGED IN H.B. 665 TO ALLOW A CONSUMER REPRESENTATIVE SITTING ON A CONSUMER-CONTROLLED HEALTH BOARD TO BE DEFINED AS A CONSUMER OF HEALTH CARE, RATHER THAN AS A PROVIDER.

IN CLOSING, WE MAINTAIN THAT H.B. 665, AS WRITTEN, IS IN DIRECT OPPOSITION TO THE PRINCIPLE OF LOCAL CONTROL. IT STANDS IN CONTRADICTION TO 1) H.B. 596; 2) P.L. 93-638, THE INDIAN SELF-DETERMINATION AND EDUCATIONAL ASSISTANCE ACT; AND 3) THE ALASKAN HEALTH CARE CONSUMER.

WE ASK THAT YOU SERIOUSLY CONSIDER OUR AMENDMENTS.

ASSOCIATION OF REGIONAL HEALTH DIRECTORS

TESTIMONY ON

H.B. 596 AND H.B. 665

*File
665*

THANK YOU, MADAM CHAIRMAN, MEMBERS OF THE COMMITTEE AND GUESTS. MY NAME IS ROBERT J. CLARK, TO MY RIGHT IS MR. KORD ROOSEN-RUNG. WE HAVE BEEN ASKED TO REPRESENT THE ASSOCIATION OF REGIONAL HEALTH DIRECTORS, FORMAL HEALTH COMMITTEE OF THE HUMAN RESOURCES BOARD OF DIRECTOR, AFN, INC., BYTESTIFYING ON H.B. 596 AND H.B. 665. ON BEHALF OF THE ASSOCIATION OF REGIONAL HEALTH DIRECTORS, I WOULD LIKE TO THANK THE HESS COMMITTEE FOR MAKING THIS SPECIAL ARRANGEMENT TO MEET WITH US INSPITE OF YOUR BUSY SCHEDULE.

BEFORE SPEAKING SPECIFICALLY ON H.B. 596 AND H.B. 665, I WOULD LIKE FOR EACH MEMBER OF THE DELEGATION TO INTRODUCE THEMSELVES, THEIR POSITION AND THE REGION THEY REPRESENT.

LADIES AND GENTLEMEN, OUR STATEMENTS ON H.B. 596 ARE CONCLUSIVE, WHEREAS OUR STATEMENTS ON H.B. 665 IS A PRELIMINARY POSITION TO BE FOLLOWED WITH FORMAL RECOMMENDATIONS NEXT WEEK BY INDIVIDUAL HEALTH CORPORATIONS.

SPEAKING MORE SPECIFICALLY ON H.B. 596, WE ARE, HERewith, SUBMITTING FOR RECORD A REVISED BILL FOR YOUR CONSIDERATION. THE MAJOR PROVISIONS OF THE SUBSTITUTE BILL ARE AS FOLLOWS:

HOUSE BILL NO. 596

For an Act entitled: "An Act relating to local health services."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. AS 18.05.040(a)(4), 18.10.010 -- 18.10.050, and 18.10.260(b) are repealed.

* Sec. 2. AS 18.10 is amended by adding new sections to read:

CHAPTER 10. LOCAL HEALTH SERVICES

Sec. 18.10.011. PURPOSE. The purpose of this chapter is to promote and safeguard the health of the general public by orderly delegation of authority and responsibility for providing selected public health functions to local health entities.

Sec. 18.10.021. HEALTH DISTRICTS. (a) The health districts of the state, for purposes of administration of this chapter, are:

- (1) municipalities unified under AS 29.68.240 -- 29.68.440;
- (2) organized boroughs which have acquired areawide health powers under AS 29.33.290;
- (3) cities, and local health service areas in an organized borough which has not acquired areawide health powers;
- (4) cities or local health service areas in the unorganized borough;

(5) areas served by private health corporations as defined in sec. 131 of this chapter.

(b) A city in the unorganized borough may be included in a larger health district if its governing body, by a resolution adopted by a majority of the membership, consents to the inclusion of the city in a local health service area or area served by a private health corporation and files the resolution with the commissioner.

(c) Nothing in this chapter prohibits two or more districts combing to be treated as a single district for the purposes of this chapter.

Sec. 18.10.031. LOCAL HEALTH SERVICE AREAS IN AN ORGANIZED BOROUGH. Standards for the organization and administration of local health service areas in a borough which has not acquired health powers shall be established by the department by regulation.

Sec. 18.10.041. LOCAL HEALTH SERVICE AREAS IN THE UNORGANIZED BOROUGH. To provide local health services, the department shall divide the unorganized borough into local health service areas by using the boundaries of the Native Corporations created by the Alaska Native Land Claims Act except when people opt to use service unit boundaries. However, the department may combine two or more service areas to assure that the minimum population served in each local health service area will be at least 6,000, as defined by the total population in the area. A city excluded from service

area may be included in a local health service area established by the department only upon the adoption of a resolution by its council as provided in sec. 21(b) of this chapter.

Sec. 18.10.051. LOCAL HEALTH SERVICE AREA BOARDS OF THE UNORGANIZED BOROUGH. (a) Each local health service area of the unorganized borough shall have an elected local board of health broadly representative of the population of the entire area served.

(b) The powers and duties of the boards shall be prescribed by regulations adopted under this chapter.

(c) Formation of the boards and terms of office of the members shall be as follows:

(1) The qualified voters in each local health service area shall elect a local health service area board of at least seven members, of whom at least four or 51% are otherwise involved with health services only as consumers;

(2) local health service area board members shall be elected at large by the qualified voters of the area receiving health services; however, each seat on the health board shall be designated by letter or number, and a candidate for the board shall indicate the seat for which he is a candidate on his declaration of candidacy or other nomination document when he files for office;

(3) a vacancy on a local health service area board shall be filled as provided by AS 14.12.070 for school boards;

(4) the term of office of members elected to a local health service area board is three years;

(5) for the first health board elected in each area the term of office of each member shall be determined by lot with two members serving a one-year term, two members a two-year term, and three members a three-year term;

(6) nothing in this section prohibits the re-election of a board member.

Sec. 18.10.061. ELECTIONS. (a) In each local health service area in the unorganized borough, the lieutenant governor, not less than 60 nor more than 90 days after the establishment of the local health service area, shall provide for the election of a local health service area board.

(b) Except for the first election of local health service area board members under (a) of this section, elections shall be held annually on the first Tuesday of October. Elections shall be administered by the director of elections in the office of the lieutenant governor. The lieutenant governor shall adopt regulations for the conduct of election of local health service area board members.

(c) The members of a local health service area are subject to recall as provided by AS 29.28.130 -- 29.28.250.

(d) The cost of each local health service area board election, or recall election under (c) of this section, shall be borne by the state.

Sec. 18.10.07 . GRANTS. (a) The commissioner may make grants to health districts as defined in sec. 21(a, 1-3) of this chapter to assist in meeting costs of providing comprehensive public health

services under one or more plans of service as required in regulations adopted under this chapter.

(b) No grant may be made under this section to be health district unless an application is made on a fiscal year basis and has been submitted through the appropriate Health Systems Agency established under P. L. 93-641 and approved by the commissioner and unless

(1) the governing body of the health district has submitted to the commissioner a plan for the provision of comprehensive health services and has had the plan initially approved by him; or

(2) in those instances where a plan of services has been initially approved, the commissioner upon his annual review of the plan, determine that it, and the activities undertaken under it, continue to meet requirements established for such plans.

(c) In making his determination the commissioner shall consider the relationship of the health district plan to the annual implementation plan of the appropriate Health Systems Agency established under P. L. 93-638. In each fiscal year the department shall, in accordance with the plan of service provided and approved, and under regulations adopted for the purpose, take into consideration the following factors:

(1) 50 per cent shall be distributed on the basis of program need taking into consideration such factors as the number of deaths per live births, pre-school children, morbidity and

mortality votes the number of establishments or institutions requiring sanitary inspections, and administrative costs.

(2) 30 per cent shall be distributed on the basis of the population of the area to be served;

(3) 10 per cent of the allocation shall be reserved for adjustments of grant or contract bases provided by sec. 91 of this chapter;

(4) 10 per cent shall be distributed on the basis of local tax effort.

(d) An application for a grant under this section shall be submitted in the form, and shall contain the information the commissioner may require, by regulation.

(e) The minimum health district match is 10 per cent of the requested state grant. Health districts matching funds must be local money which is not derived from state or federal sources, or in-kind contributions. Maintenance of effort must be at not less than the level of support provided by the local governments within the health district before July 1, 1975

Sec. 18.10.081. CONTRACTS. (a) The commissioner may enter into contracts with the health districts described in sec. 21 (a) (4) of this chapter for the provision of specific health services:

(1) in the case of a city located in the unorganized borough, if the city has a population of 2,000 persons or more; and

(2) the commissioner determines that the health services cannot be provided more efficiently through a local health service area which is contiguous to the city.

(b) The commissioner may enter into contracts with the health districts described in sec. 21(a)(5) of this chapter for the provision of specific health services if the private health corporation meets all of the following requirements:

(1) it is broadly representative of the population of the area served;

(2) its representation is endorsed by the governing bodies of the cities within the area it serves; and

(3) it serves equally all state residents presenting themselves for assistance or services.

(c) Financial support provided under contract with health districts in accordance with this section shall be paid in the amounts and under the criteria set out in sec. 71(c) and (d) of this chapter and application is made in accordance with regulations adopted under sec. 71(d).

Sec. 18.10.091. ADJUSTMENTS OF GRANT OR CONTRACT BASE. (a) The allocation determined by the formula prescribed by sec. 71(d) of this chapter shall reflect cost-of-services differentials. The area cost-of-service differential shall be determined annually in the manner provided in AS 39.27.030; however, the area cost-of-service differential to be applied may not be an amount less than the base allocation.

(b) As used in (a) of this section, "election district" means an election district designated by the governor's proclamation of reapportionment and redistricting of December 7, 1961, and retained for the House of Representatives by the proclamation of the governor

issued September 3, 1965.

(c) Allocation calculated under sec. 71(d) of this chapter shall be further increased by 10 per cent if:

(1) in the unorganized borough the largest community within the health district, or area served by a private health corporation, is not connected to Anchorage, Fairbanks, Juneau, or Ketchikan by road, railroad, or ferry; or

(2) in the unorganized borough, more than one-half of the population of the health district lives outside of the largest city in the area served.

Sec. 18.10.101 EXPENDITURE OF FUNDS. Funds received by a health district under this chapter shall be spent only for the purposes described in the plan of service which has been approved by the commissioner.

Sec. 18.10.111. PRORATION. If amount appropriated by the legislature are insufficient to meet the cost of grants calculated under this chapter, the funds that are available shall be allocated pro rata among eligible health districts.

Sec. 18.10.121. REGULATIONS. (a) The commissioner shall adopt regulations necessary to implement this chapter.

(b) Regulations shall cover, but need not be limited to

(1) formation of local health service areas in an organized borough which has not acquired health powers;

(2) the powers and duties of the boards of local health service areas in the unorganized borough;

(3) requirements for the development of a plan of service by the health district;

(4) minimal standards of service;

(5) procedures for the application, revision and approval of grants to or contracts with health districts which include a detailed allocation formula;

(6) health district program evaluation;

(7) qualifications of health personnel.

Sec. 18.10.131. DEFINITIONS. In this chapter

(1) "commissioner" means the commissioner of the Department of Health and Social Services;

(2) "department" means the Department of Health and Social Services;

(3) "private health corporation" means a non-governmental organization incorporated under the laws of Alaska and which delivers health services to a particular area of the state; it includes but is not limited to the health instrumentalities of the Alaska Native regional corporations established under the Alaska Native Claims Settlement Act (P. L. 92-203).

STATE OF ALASKA

JAY S. HAMMOND, Governor

DEPARTMENT OF ADMINISTRATION

Division of Pioneers' Benefits

POUCH C — JUNEAU 99801

February 19, 1976

The Honorable Susan Sullivan, Chairman
Health, Education, Social Services Committee
House of Representatives
Pouch V
Juneau, Alaska 99811

Dear Ms. Sullivan:

I would like to express my personal appreciation and the thanks of the Pioneers' Homes Advisory Board for allowing us to participate in the hearings on HB 665 February 17. In addition to our verbal objections, I would like to reinforce them in writing as suggested by Mr. Swanson. I am attaching a copy of the aforementioned bill, redlining the sections we feel would have a detrimental effect on the operations of the Pioneers' Homes. Specifically, these are Sections 15, 16 and 17, page 29, lines 2 through 29, Section 3, page 23, lines 19 through 25 and Section 10, page 27, lines 13 through 15.

Section 15, page 29, removes responsibility for site selection from the Legislature and the Commissioner of Administration and places the authority in the Office of Planning and Development. This section also gives that office authority to establish new institutions and plan their services. The Department of Administration would be limited to formulating general policies relating to administrative or executive matters and making disbursement of available funds.

It appears this section of the bill would ultimately jeopardize the uniqueness of the Pioneers' Home system. This bill would give the proposed Planning and Development Office and the Commissioner of the Department of Health and Social Services many of the decisions now made by the Legislature and the Commissioner of the Department of Administration. This would, in fact, place the Pioneers' Homes under two Departments, Administration and Health and Social Services. The biblical injunction against serving two masters is as appropriate here as in the spiritual realm.

The Pioneers' Homes were under the direction of the Department of Health and Social Services during the period from January 1972 through June 1975. The original intent of the transfer was to receive federal funds and thereby enhance the program and reduce State expenditures.

February 19, 1976

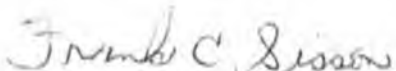
The Department of Health, Education and Welfare ultimately determined the Pioneers' Homes were discriminatory in that they restricted residency to elderly Alaskans with 15 years prior residency in the State. To remain in the Department of Health and Social Services would have endangered continuing to receive federal funds for all phases of the Department. To return the Pioneers' Homes to Social Services would, no doubt, cause a re-occurrence of this objection. Therefore, Sections 15, 16 and 17, page 29, should be deleted in their entirety, leaving Pioneers' Homes planning, construction, development and administration in the Department of Administration as it is now.

The first thought was to request complete exemption of the Pioneers' Homes from this act. However, it has been pointed out this could be construed as discriminatory and unfair to other health agencies, both public and private. It would seem to be unwise to require other agencies to secure a Certificate of Need to construct a facility while exempting the State's operated facilities. To circumvent this possibility, there would seem to be no problem if the Pioneers' Homes were included in the requirements for a Certificate of Need as stated in Section 18.07.150, page 6 through Section 18.07.300, page 23.

However, Section 3, amending AS 18.15.120, lines 19 through 25, page 23, should be deleted in its entirety. This section allows the Office of Planning and Development to "plan the establishment of facilities and the delivery of services". Very few establishments, whether public or private, would allow a State agency to completely plan its structure and dictate its manner of services. Section 10, amending AS 18.25.020, page 27, lines 13 through 15, should also be deleted. Not only does this allow planning the facility and delivery of services but also "plans the purchase, construction and repair of facilities and the acquisition of equipment". This seems to place too great and unwarranted authority in the hands of this proposed office and would be unacceptable to the Pioneers' Homes.

We would have no objection to the remainder of this bill. Thank you again for your consideration and the opportunity to register our thoughts in this matter.

Sincerely yours,



Frank C. Sisson
Administrative Officer

cc: H,E&SS Committee Members
Richard Freer
Robert Gore

FCS/vor

Attachment

POSITION PAPER

ON

COMMITTEE SUBSTITUTE FOR HOUSE BILL 665

"An Act relating to statewide coordination of health planning."

CSHB 665 represents a significant departure from the original bill relating to the planning for and delivery of health services in Alaska. The objective of the Committee Substitute seems to be to bring the state into conformity with the provisions of P.L. 93-641, the National Health Planning and Resources Development Act. Because the Department feels that any more than a strict conformance to the mandated provisions of the federal law would be premature and possibly impractical for the state to undertake at this time, it supports the minimum compliance approach taken in CSHB 665.

The Committee Substitute establishes a Statewide Health Coordinating Council, its composition and its functions by reference to P.L. 93-641. In addition, reference is made to the federal and state community mental health legislation so that requirements of those laws may be met when the SHCC Council assumes the functions of the mental health advisory council, as specified in section 605 of the Alaska Community Mental Health services Act passed last year.

CSHB 665 establishes a Certificate of Need program as called for in P.L. 93-641. The program is designed to cover only those facilities, and the services provided thereby, as mandated in P.L. 93-641. The certification program does not, however, apply to health maintenance organizations, as required in the federal act. While the Department feels that IMO's should be included among those facilities requiring a Certificate of Need, it recognizes that there are no facilities meeting the federal definition of an IMO currently operating in Alaska. Further, it is the Department's understanding that the Legislature intends to discuss including health maintenance organizations when IMO statutory authority is enacted in Alaska, perhaps during the next Session.

The Department is pleased to note that the factors activating the Certificate of Need program in CSHB 665 are much the same as the activators for the 1122 Program currently administered by the Department. The inclusion of the sanction of injunctive relief, to be applied in cases in which the certification process is violated, is also endorsed by the Department. Without such a sanction, the state program would not only be out of compliance with the federal regulations, but the time-consuming review process could be for nought, to the frustration of the many health-consumers, planners and providers involved in the program.

POSITION PAPER/Department of Health and Social Service

CSHB 665 establishes a grant program for Health Systems Agencies responsible for health planning and development activities in Alaska, a provision the Department strongly supports. The grants would provide "seed" money from the state to each agency, beginning with \$100,000 the first year, and declining each year thereafter by \$25,000, so that in the fifth year of operation no additional funds will be granted by the state. In addition, the state would offer an incentive to the regional areas concerned to contribute to the costs of health planning and development activities. Local contributions would be matched on a progressive scale, beginning with \$25,000 and increasing each year thereafter by \$25,000 to a maximum of \$100,000 in the fifth and succeeding years of operation. The Department feels that the incentive provision could encourage all entities engaged in health planning within a region to cooperate in the planning activities of its respective Health Systems Agency.

The cost of the grant program is reflected within line item 700 of the attached Fiscal Note, whereas the other costs indicated reflect the administrative costs related to the Certificate of Needs Program. The Department of Health and Social Services supports the Committee Substitute for House Bill 665 and urges its enactment.

Francis S.L. Williamson
Francis S.L. Williamson, Commissioner Date: 4/20/1996

THE LEGISLATURE OF THE STATE OF ALASKA

FISCAL NOTE

Second Session - Ninth Legislature

I. REQUEST

Bill No. CSHB 665

Title: An act relating to statewide coordination of health planning

Requested by: _____ Date: April 19, 1976

Return Date Requested: _____

Agency: Health & Social Services Program: Planning and Research

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Planning and Research

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES		105.0	93.9	103.2	113.5	124.8
200 TRAVEL		10.5	9.4	10.3	11.4	12.5
300 CONTRACTUAL		10.5	9.4	10.3	11.4	12.5
400 COMMODITIES		1.0	.9	1.0	1.1	1.2
500 EQUIPMENT		3.0	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		375.0	375.0	375.0	375.0	300.0
TOTAL	-0-	505.0	488.6	499.8	512.4	451.0

B. FUNDING: (Thousands of dollars)

GENERAL FUND	-0-	505.0	488.6	499.8	512.4	451.0
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	4 / 1	4 /	4 /	4 /	4 /	4 /
MAN MONTHS (P./T.)	48 / 9	48 /	48 /	48 /	48 /	48 /

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

IV. ATTACHMENTS

See attachment 1 and 2

V. DATE: April 19, 1976 PREPARED BY: Richard Rumminger

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

REVIEWED BY FINANCIAL MANAGEMENT: Eugene A. Smith

EUGENE A. SMITH
 HSS FINANCE OFFICER

PROPOSED HEALTH SYSTEMS AGENCY FUNDING MECHANISM (Sec. 3, CSHB 665):

	<u>Funding for One Health Systems Agency</u>				
	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>
Federal (direct)	115,000	115,000	175,000	175,000	175,000
Local Match to State Incentive	25,000	50,000	75,000	100,000	100,000
State Incentive	25,000	50,000	75,000	100,000	100,000
State "Seed" Money	100,000	75,000	50,000	25,000	- 0 -
Total Funding for each HSA	265,000	290,000	375,000	400,000	375,000
Total State Funding for each HSA	125,000	125,000	125,000	125,000	100,000
Total State Funding for three HSA's	375,000	375,000	375,000	375,000	300,000

The proposed grants are determined by a specific formula relating to local contributions to health systems agencies. The expenditures included in the Fiscal Note assume maximum local participation in funding the three health systems agencies. The formula mechanism is designed to permit development of health systems agencies until local funding sources are organized.

Health Systems Agencies are a requirement of PL 93-641, the Health Planning and Resources Development Act of 1974. The function of the agencies is to provide greater local participation in the health planning process and greater involvement in the distribution of health resources provided by the federal government. Plans developed by these agencies are incorporated into an overall state health plan by the designated state agency to ensure consistency at the statewide level. PL 93-641 specifically mentions the inclusion of HSA's in the allocation process for programs funded under the Public Health Service Act, the Community Mental Health Centers Act, and the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970.

POSITIONS REQUESTED TO ADMINISTER STATE CERTIFICATE OF NEED PROGRAM (Article 2, CSHB 665:

Temp. Attorney II	Range 19	9 months	\$19,638*
Senior Economist	Range 18	12 months	27,201
Health Facilities Surveyor	Range 18	12 months	27,201
Statistical Technician	Range 12	12 months	17,726
Clerk Typist II	Range 7	12 months	13,356

* Salaries include benefits figured at 20%.

Inflation factor - 10%

HB 665 2/27/76

<u>Name</u>	<u>Representing</u>	<u>Testifying</u>
Ron Hammett	W/ARMF	NO
Robert Russell	CHAC	NO
Marion Thompson	"	NO
Marie Gutierrez	CHAC	NO
Della Wagheye	"	NO
James M. Clumbert	CHAC - Veterans	YES
	"	"
Ray D. Bens	Citizen	NO
Joyce Johnson	Citizen	NO
Michael Johnson	CHAC	NO
Sister Ellen Caldwell	CHAC	NO
Thomas C. Jones	CHAC	NO



JUNEAU ALASKA

Alaska State Legislature

House

HOUSE HEARINGS ON HB 665 & HB 596

FEB. 12, 1976

Association of Regional Health Directors made presentation to House HESS with recommendations for changes in these two bills. Position papers supplied with specific changes in HB 596. (self-explanatory) All changes, additions, etc. underlined in their papers.

Lois Jund - Dept. H&SS states depts. position very similar to the feelings of the Regional Directors. Has two legal questions regarding these changes though. 1. Can the Health Corp., which are next to adjacent boroughs, which have chosen not to exercise health authorities, in fact, exercise rights to give away health authority? 2. By constitution and statutes we must use existing service areas (unless legislature modifies). The Native Health Directors recommended using the boundaries of the corporations rather than the education boundaries already established.

Lois also spoke to the issue of the directors recommendation for a larger board than 7. She said Dept. would finance 7 only, but they certainly could have a larger board of directors.

Also problem with (e) page 6 of Directors bill, Lois recommends reading to be "in lue of matching funds, in-kind contributions would be applicable to the health districts in unorganized boroughs.

HB 665

Directors felt that HB 596 speaks to the de-centralization of the departments control over health facilities however, HB 665 did just the oposite and re-centralized, giving back control to the Dept.

The Directors did not have specific recommendations for changes in HB 665, but would have them available at next weeks hearings.

They did list reorder of priorities in bill

1-8	5-3
2/6	6-2
3-5	7-1
4-7	8-4



Alaska State Legislature

House

JUNEAU ALASKA

HOUSES HESS COMMITTEE MEETING

APRIL 3, 1976

Present: Ostrosky Parr Swanson
 Sullivan Beirne Osterbakack Hackney

HB 660 - Transportation of exceptional children - Gov.

Tom Brown, Dept. of Ed. philosophy of educating exceptional children is changing. Many exceptional children benefit from association with normal children. This bill would leave the decision to the local districts.

Committee - vote to move out - do pass, unanimous

HB 618 - GOB, Correctional Facilities - Gov.

Bill Houston, D.O.C. - Ketchikan facility - need projected 36 beds, 20 average present population, 6 beds for women, need room for growth and "?"

Glenn - moved to delete # 2, amend item #2 changed to \$2,160,000 , no action taken on amendment.

Barbara Wolstad concerned citizen, ask that community input be considered.

Constance Griffith, Chairman League of Women Voters, Justice Comm. See a lack of program planning and feel more study necessary to justify great expenditure on Ketchikan facility. Would prefer to have minors in private facilities that already exist with state reimbursement rather than in maximum security facility.

Lois Jund , ask committee to vote for bond issues and she pledges that the dept. will carry on planning with the community.

Charlie, amend Glenn's motion (no obj.) to read "facilities" instead of "centers" amendment passes.

Beirne, suggest letter of intent, item #6 added "\$100,000 for housing and remodeling juvenile unit Ketchikan, no obj.

Parr, move to amend #3, add "and juvenile facility" after correctional, delete "center and \$4.5 million"

Beirne, move item #1 , accepted as is.

Hackney move item #4 to \$10.8 million.

Parr , amend #5 to be 6 juvenile Fbks. \$1.8; 5 Housing and remodeling, Fbks. 1.8

Beirne, move to move #4 back up to \$16.5 million.

Sullivan, juvenile for Ketchikan, Juneau & Fbks.

Red, moved that local architects be used, included in letter of intent, motion failed.

Parr, move out CSHB 618, no objection, motion passes

HB 612 - GOB Health Care Facilities Gov.

Lois Jund, Reccommend delete Kenai from bond because the need there isn't that pressing.

Red, move to amend, add #6 "Nenana , \$200,000, health center"
no objection to amendment, adopted

Beirne, move to remove #2 Kenai
no objection

Red, move out CSHB 612, unanimous

HB 665 - Statewide Coordination of Health Plan - Legis. Council

Jan Gates, Dept. of H&SS started to testify regarding this.

Committee decided to adjourn because of teachers meeting



Alaska State Legislature

House

JUNEAU ALASKA

HOUSES HESS COMMITTEE MEETING

APRIL 3, 1976

Present: Ostrosky Parr Swanson
 Sullivan Beirne Osterbakack Hackney

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Lois Jund , ask committee to vote for bond issues and she pledges that the dept. will carry on planning with the community.

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Beirne, move to move #4 back up to \$16.5 million.

Sullivan, juvenile for Ketchikan, Juneau & Fbks.



JUNEAU ALASKA

Alaska State Legislature

House

HOUSE HESS COMMITTEE MEETINGS

APRIL 5, 1976

Present: Sullivan Davis Osterback
 Parr Hackney Swanson Beirne

Testifying: Lois Jund, Dept. H&SS

HB 665 - Statewide Coordination of Health Plan

Continued working on this from Saturday session. Committee went over the workdraft with Jan Gates, Dept. H&SS section by section making changes on the workdraft in order to have the committee substitute drawn up.

Glenn made an amendment which he would had Joe Guthrie help draft up. Committee would like Glenn to have entire portion of that section redrafted by Joe so that it corresponds. Starts on line 13, page 3.
Amendment passed.

Each section gone over thoroughly by committee.

When finished, Glenn made motion to "do not pass out of committee", seconded discussion by committee.

Decided not to move on this at all till the committee substitute has been drafted and brought down for all to read.

POSITION PAPER

ON

COMMITTEE SUBSTITUTE FOR HOUSE BILL 665 B

"An Act relating to statewide coordination of health planning."

CSHB 665 represents a significant departure from the original bill relating to the planning for and delivery of health services in Alaska. The objective of the Committee Substitute seems to be to bring the state into conformity with the provisions of PL 93-641, the National Health Planning and Resources Development Act.

The funding and regulatory provisions related to PL 93-641 are indefinite and the potential sanctions applied to those states which elect to remain out of compliance with the provisions of the law are vague. Because of this, the Department feels that any more than a strict conformance to the mandated provisions would be premature and possibly impractical for the state to undertake at this time.

The Committee Substitute establishes the Statewide Health Coordinating Council, its composition and its functions by reference to PL 93-641. Those provisions are basically the same as those contained in HB 530 as sponsored by the Department. In addition, CSHB 665 creates a Certificate of Need program as called for in PL 93-641. The program is designed to cover only those facilities and services mandated in the federal Act, and those factors activating the application process are identical to the activators for the 1122 Program currently administered by the Department, with the exception of the increased amount for construction (from \$100,000 to \$150,000), to which the Department has no objection.

CSHB establishes a grant program for Health Systems Agencies responsible for health planning and development activities in Alaska. (Sec. 18.07.031). The Department has prepared legislation to accomplish the same purpose, proposing to grant "seed" money from the state to each agency, beginning with \$100,000 the first year, and declining each year thereafter by \$25,000, so that in the fifth year of operation no additional funds will be granted by the state. In addition, the state would offer an incentive to the regional areas concerned to contribute to the costs of health planning and development activities. Local contributions would be matched on a progressive scale, beginning with \$25,000 and increasing each year thereafter by \$25,000 to a maximum of \$100,000 in the fifth and succeeding years of operation. The Department feels that this is an important provision in that it encourages all entities engaged in health planning within a region to cooperate in the planning activities of its respective Health Systems Agency. The Department recommends amending Sec. 18.07.031 to include the concept proposed for awarding grants to HSA's. (See attachment).

The Department is pleased to note that CSHB 665 does include a sanction to be applied in cases in which the certification process is violated, even

though these sanctions are not precisely specified by the federal Act. Without any sanctions, the time-consuming process could be for nought, to the frustration of the many health-consumers, planners and providers involved in the review program, and to the ultimate disregard of consumer need as a basis for health facilities and services in Alaska. The inclusion of injunctive relief as a sanction provides court action against non-conforming conduct.

In short, the Department supports CSHB 665 as presented with the amendments cited (see attachment). With the exception of the recommendation altering the section on planning grants to Health Systems Agencies, most of the amendments suggested are nonsubstantive. The Department feels that CSHB 665, as amended, will provide a good foundation from which to build a viable planning system with a realistic enforcement component via the certificate of need program.

Francis S. L. Williamson, Commissioner

Date

POSITION PAPERS/Department of Health and Social Services

RECOMMENDED AMENDMENTS TO

COMMITTEE SUBSTITUTE FOR HOUSE BILL 665

- 1.) Sec. 18.07.031 - The Department recommends replacing the language in this section with the following:

Sec. 18.07.031. PLANNING GRANTS TO HEALTH SYSTEMS AGENCIES. (a) The department shall award grants to health systems agencies established in Alaska pursuant to PL 93-641 in amounts determined in accordance with the following schedule:

(1) \$100,000 during the initial year as a designated health systems agency and in declining amounts of \$25,000 for each succeeding year as a designated agency such that in the fifth year of operation no additional funds will be forthcoming except that

(2) from the initial year of designation, matching dollars shall be provided equal to the contributions provided to the designated health systems agency by local sources as allowable under PL 93-641, but not exceeding:

\$25,000 the first year of operation;

\$50,000 the second year of operation;

\$75,000 the third year of operation; and

\$100,000 each succeeding year of operation.

(b) The department shall promulgate regulations governing the administration of these grants consistent with state accounting procedures.

- 2.) Sec. 18.07.041 - CERTIFICATE OF NEED REQUIRED. - The Department recommends amending the initial sentence as follows:

Sec. 18.07.041. CERTIFICATE OF NEED REQUIRED. No person may undertake the following without [unless included in the terms of] a certificate of need issued by the office:

- 3.) Sec. 18.07.071 - The Department recommends simplifying this section by deleting the following:

Sec. 18.07.071. TERMS OF ISSUANCE OF THE CERTIFICATE. Each certificate

issued shall specify terms of issuance describing the nature and extent of the activities authorized by the certificate. The sponsor must apply to the office for a modification of his certificate before terminating part of the service authorized by the terms or conditions of issuance. [but the sponsor need not obtain the acquiescence of the office before terminating all the activities authorized by the certificate.] Should a sponsor terminate all of the activities authorized by a certificate, the sponsor must surrender the certificate to the office within 30 days.

4.) Sec. 18.07.110. DEFINITIONS. - In regard to definition (8) "health care facility," the Department suggests the following:

(8) "health care facility" means hospitals, [as] psychiatric hospitals, tuberculosis hospitals, skilled nursing facilities, home health agencies, and providers of [or] outpatient physical therapy services (including speech pathology services), kidney disease treatment centers, including freestanding hemodialysis units; intermediate care facilities, organized ambulatory health care facilities such as health centers, family planning clinics, and facilities providing surgical treatment to patients not requiring hospitalization (ambulatory surgical centers), [surgicenters], which are not part of a hospital but which are organized and operated to provide medical care to outpatients, and health maintenance organization; the term excludes outpatient physical therapy services performed by a physical therapist in his office or in a patient's home;

POSITION PAPER / Department of Health and Social Service

FINAL REPORT OF THE INTERIM SUB-COMMITTEE ON HEALTH PLANNING

HB
665

The planning and delivery of health services in Alaska is fragmented, efforts are duplicated, and costs of health care are far above national averages. On its formation, the Interim Subcommittee on Health Planning assumed the responsibility for developing solutions to some of these problems through the completion of five objectives. Those objectives were:

1. The determination of alternative health planning agency structures under Public Law 93-641.
2. The authorization of those structures, and alterations in administrative procedure.
3. The clarification of organizational relationships and the development of legislative intent.
4. The development of revenue packages for the support of new health planning and resource development agencies.
5. The development of state-wide health care policy towards the goal of examining alternative approaches to state-wide health care insurance.

The Committee has completed most of its work. The final drafts of the health planning legislation are in preparation. Revisions of revenue sharing and certificate-of-need legislation are nearing completion. The development of health care policy and alternative approaches to state-wide health insurance still require substantial work.

Each objective will be briefly summarized:

Objective I - The Determination of Alternative Agency Structures

The Committee analyzed the National Health Planning and Resource Act (P.L. 93-641), and developed alternative strategies for implementing this Federal act in the State of Alaska. The preliminary staff discussion paper was entitled: REORGANIZATION

UNDER PUBLIC LAW 93-641, THE NATIONAL HEALTH PLANNING AND RESOURCE DEVELOPMENT ACT. This paper provided the Committee with the basic material necessary for the development of required health planning legislation.

Objective II - The Authorization of Structures

During Committee discussions, a number of alternative health planning structures were selected for further investigation. The final selection by the Committee is presented in the draft health planning legislation currently being developed by Interim Committee and legal staff. Because of the complexity of this legislation, a series of drafts have been reviewed by the Committee members and various consultants employed by the Committee. This legislation is currently in its final revision. The Bill will probably require a few more revisions before it is passed by the Legislature.

Also incorporated into Objective II were required changes in administrative procedure. It was found that very little administrative procedure for the planning and regulation of health services exists in the Alaska Administrative Code. It appears that most of the procedures employed by the State are those recommended in Federal regulation. However, two major changes in administrative licensing and grant awards procedures were required. The first was certificate-of-need; the second was revenue sharing.

CERTIFICATE-OF-NEED

Certificate-of-need is a process of regulating health care services by allowing the growth and development of facilities and services only in response to demonstrated community need. The major administrative impact of certificate-of-need legislation is in the licensure and regulation of various types of health care facilities. National experience of certificate-of-need legislation

has not been encouraging. Therefore, staff efforts at evaluating the problems encountered by other states have been extensive. Certificate-of-need legislation is in its final revision.

REVENUE SHARING

The use of regional agencies (Health Systems Agencies) for the planning and regulation of health services delivery implies a new approach to the dispersement of revenue sharing money. Various alternative methods of dispersing money are being pursued by the Committee. Among them are: (1) allocation on a regional rather than a municipal basis; (2) the traditional method of revenue sharing to those institutions who initially generate the revenue sharing monies, particularly hospitals; and (3) the development of various block grant alternatives to local municipalities. A final determination has not yet been made by the Committee as to which specific alternative to pursue. Staff has been assisting Community and Regional Affairs and the Interim Committee Chairman on this selection process.

Objective III - Clarification of Organization Relationships Among Those Agencies Involved with Health Planning and Resource Development

Most of the changes in organizational relationships are reflected in the health planning legislation to be presented to this session of the Legislature. Legislative intent regarding accountability and scope of duties of health planning agencies at the State and regional levels is also embodied in the draft legislation.

Objective IV - Review Revenue Packages

The three Health Systems Agencies in Alaska have already developed their applications for Federal funds. These applications specify the amount of money required and the work program of the agency for the coming fiscal year. These applications are currently

being reviewed by the Department of Health and Social Services.

Last week Federal appropriations for the financing of Health Systems Agencies was vetoed by the President. The effect of this veto appeared to halt all activities involved in the development of Health Systems Agencies. Without Federal support, it will be difficult for the State to finance these new health planning structures. It is not yet known when any Federal appropriation will be forthcoming.

Fiscal notes have been prepared by the legislative staff, assuming some Federal support.

Objective V - The Development of State-Wide Health Care Policy

The initial thrust of the Committee's work was the development of state-wide health care policy with the intent of assessing alternative methods of financing state-wide health care insurance. Because of the lack of staff and time, only part of this objective has been completed.

A report on the status of long term health care services delivery has been prepared for the Committee. Within the report are twenty-four specific recommendations for changes in the long term care services delivery systems. Currently, these recommendations are being translated into resolutions and amendments to existing law. Additionally, major revision in "full cost of care" legislation should be undertaken this session. It is hoped that these corrective measures will help to solve the long term care health services problems that became evident so dramatically last summer.

The Committee has also developed an approach to solving some of the more crucial problems of manpower availability for primary care services. Most of the efforts center around the development

of regulations for Community Health Aides, Physician's Assistants, Nurse Practitioners, and other types of health manpower essential to effective health services delivery in Alaska.

Other topics pursued by the Committee and staff have been the re-drafting of pending health education legislation, the development of proposals for the development of environmental sanitation measures for rural areas, and the preparation of discussion papers on the history and context of health care services delivery in Alaska.

While most of the responsibilities accepted by the Interim Committee on Health Planning have been completed, there are many topics in the development of health care policy that have not yet been addressed. We hope that before the convening of the Tenth Legislature, proposals for the development of state-wide health care insurance will be available for discussion. It is impossible, however, to develop these proposals prior to the establishment of state-wide health care policy development and to give these policies wide exposure.

It is hoped that the efforts toward the development of health policy will not be stopped. If the Interim Committee work is to be discontinued, it is our hope that funds will be set aside for the completion of this worthy and long-overdue task.

We hope that the work of the Interim Committee will be allowed to continue through this session of the Legislature, and be conducted after the session either by contract or through the Research Division of the Legislative Affairs Agency.

THE LEGISLATURE OF THE STATE OF ALASKA
FISCAL NOTE

Second Session - Ninth Legislature

I. REQUEST

Bill No. CSHB 665

Title: "AN ACT RELATING TO STATEWIDE COORDINATION OF HEALTH PLANN'NG"

Requested by: HOUSE HESS

Date: FEBRUARY 23, 1976

Return Date Requested:

AFFECTED Agency: DEPT. OF HEALTH & SOCIAL SER. Program: PLANNING & RESEARCH.

COMMUNITY MENTAL HEALTH CENTERS

II. FISCAL DETAIL

PLANNING & RESEARCH, COMMUNITY

Budget Request Unit(s) Affected: MENTAL HEALTH CENTERS

A. EXPENDITURES: (Thousands of dollars)

(REQUIRED BEYOND GOVERNOR'S FY 77 BUDGET)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES	0	0	0	0	0	0
200 TRAVEL	0	(16.3)	(17.9)	(19.7)	(21.7)	(23.9)
300 CONTRACTUAL	0	0	0	0	0	0
400 COMMODITIES	0	0	0	0	0	0
500 EQUIPMENT	0	0	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	193.5	581.0	639.1	703.0	773.3	850.6
TOTAL	193.5	564.7	621.2	683.3	751.6	826.7

B. FUNDING: (Thousands of dollars)

(REQUIRED BEYOND GOVERNOR'S FY 77 BUDGET)

GENERAL FUND	193.5	564.7	621.2	683.3	751.6	826.7
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0

C. POSITIONS: (REQUIRED BEYOND GOVERNOR'S FY 77 BUDGET)

PERMANENT/TEMPORARY	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0
MAN MONTHS (P./T.)	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

FY 76 - ASSUMES HEALTH SYSTEMS AGENCIES OPERATIONAL BY APRIL 1, 1976, REQUIRING FY 76 SUPPLEMENTAL APPROPRIATION.

FY 77 - ASSUMES EFFECTIVE DATE OF JULY 1, 1976. DETAILED DESCRIPTION OF NEEDS, AVAILABLE FUNDS AND POSITIONS FOR TRANSFER, AND ADDITIONAL APPROPRIATION REQUIRED IS INCLUDED IN ATTACHED SHEETS. ASSUMES SHCC, SHPDA, AND HSA'S OPERATIONAL FOR ENTIRE FISCAL YEAR. LAPSE OF TRAVEL FUNDS DUE TO COMMUNITY MENTAL HEALTH ADVISORY BOARD'S FUNCTIONS TRANSFERRED TO SHCC.

FY 78-

FY 81 - TEN PERCENT INFLATION FACTOR BEYOND FY 77 COSTS.

IV. ATTACHMENTS

CHARTS DETAILING NEEDS, AVAILABLE FUNDS AND POSITIONS FOR TRANSFER AND ADDITIONAL APPROPRIATION REQUIRED FOR FY 77 ATTACHED.

V. DATE: FEBRUARY 23, 1976 PREPARED BY: LEGISLATIVE AFFAIRS AGENCY

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

TOTAL NEEDS ANALYSIS
FOR
STATEWIDE COORDINATION OF HEALTH PLANNING

		<u>ADDITIONAL APPROPRIATION REQUIRED</u>
SECTION I	- STATEWIDE HEALTH COORDINATING COUNCIL (SHCC)	\$ 0
SECTION II	- STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)	\$ 0
SECTION III	- HEALTH SYSTEMS AGENCY (HSA)	\$581,000
TOTAL		<hr/> \$581,000

SECTION I:
 TOTAL NEEDS ANALYSIS
 FOR
 STATEWIDE HEALTH COORDINATING COUNCIL (SHCC) FOR FY'77

A. ESTIMATED EXPENDITURES

OBJECT	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
100 PERSONAL SERVICES	\$ -0-	-0-	\$ -0-
200 TRAVEL	\$ 25,800.00	(\$ 25,800)	\$ -0-
300 CONTRACTUAL	\$ -0-	-0-	\$ -0-
400 COMMODITIES	\$ -0-	-0-	\$ -0-
500 EQUIPMENT	\$ -0-	-0-	\$ -0-
TOTAL	\$ 25,800.00	(\$ 25,800)	\$ -0-

B. FUNDING

TYPE OF FUNDING	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
GENERAL FUND	\$ 6,450.00	(\$ 6,450.00)	\$ -0-
FEDERAL FUND	\$ 19,350.00	(\$ 19,350.00)	\$ -0-
OTHER	\$ -0-	(\$ -0-)	\$ -0-

C. POSITIONS

POSITIONS	TOTAL NEED	AVAILABLE POSITIONS	ADDITIONAL POSITIONS TO BE ESTABLISHED
PERMANENT/TEMPORARY	0/0	0/0	0/0
MAN MONTHS (P/T)	0/0	0/0	0/0

SECTION II:

TOTAL NEEDS ANALYSIS
FOR
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA) FOR FY'77

A. ESTIMATED EXPENDITURES

OBJECT	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
100 PERSONAL SERVICES	\$416,400.00	(\$416,400.00)	\$ 0.00
200 TRAVEL	\$ 34,200.00	(\$ 34,200.00)	\$ 0.00
300 CONTRACTUAL	\$ 55,700.00	(\$ 55,700.00)	\$ 0.00
400 COMMODITIES	\$ 2,700.00	(\$ 2,700.00)	\$ 0.00
500 EQUIPMENT	\$ 2,000.00	(\$ 2,000.00)	\$ 0.00
TOTAL	\$511,000.00	(\$511,000.00)	\$ 0.00

B. FUNDING

TYPE OF FUNDING	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
GENERAL FUND	\$ 301,300.00	(\$ 301,300.00)	\$ 0.00
FEDERAL FUND	\$ 196,200.00	(\$ 196,200.00)	\$ 0.00
OTHER	\$ 13,500.00	(\$ 13,500.00)	\$ 0.00

C. POSITIONS

POSITIONS	TOTAL NEED	AVAILABLE POSITIONS	ADDITIONAL POSITIONS TO BE ESTABLISHED
PERMANENT/TEMPORARY	16 /0	(16/0)*	0/0
MAN MONTHS (P/T)	192 /0	(192/0)*	0/0

* INCLUDES TWO (2) NEWLY REQUESTED POSITIONS:

RESEARCH ANALYST II R/16 - PLANNING & RESEARCH BRU
STATISTICAL CLERK I R/8 - PLANNING & RESEARCH BRU

SECTION III:
TOTAL NEEDS ANALYSIS
FOR
HEALTH SYSTEMS AGENCIES (HSA) FOR FY'77

A. ESTIMATED EXPENDITURES

OBJECT	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
100 PERSONAL SERVICES	\$ 0.00	(\$ 0.00)	\$ 0.00
200 TRAVEL	\$ 0.00	(\$ 0.00)	\$ 0.00
300 CONTRACTUAL	\$ 0.00	(\$ 0.00)	\$ 0.00
400 COMMODITIES	\$ 0.00	(\$ 0.00)	\$ 0.00
500 EQUIPMENT	\$ 0.00	(\$ 0.00)	\$ 0.00
600 LAND & STRUCTURES	\$ 0.00	(\$ 0.00)	\$ 0.00
700 GRANTS, CLAIMS	\$881,000.00	(\$ 0.00)	\$881,000.00
TOTAL	\$881,000.00	(\$ 0.00)	\$881,000.00

B. FUNDING

TYPE OF FUNDING	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
GENERAL FUND	\$581,000.00	(\$ 0.00)	\$581,000.00
* FEDERAL FUND	\$300,000.00	(\$ 0.00)	\$300,000.00
OTHER	\$ 0.00	(\$ 0.00)	\$ 0.00

C. POSITIONS

POSITIONS	TOTAL NEED	AVAILABLE POSITIONS	ADDITIONAL POSITIONS TO BE APPROPRIATED
PERMANENT/TEMPORARY	0/0	(0/0)	0/0
MAN MONTHS (P/T)	0/0	(0/0)	0/0

* THIS IS DIRECT GRANT TO HSA. IT IS NOT FUNNELED THROUGH STATE ACCOUNTING SYSTEM.

ANALYSIS OF AVAILABLE FUNDS
FOR
STATEWIDE COORDINATION OF HEALTH PLANNING

	<u>TOTAL AVAILABLE</u>
SECTION I - STATEWIDE HEALTH COORDINATING COUNCIL (SHCC)	\$ 25,800
SECTION II - STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)	\$ 511,000
SECTION III - HEALTH SYSTEMS AGENCY (HSA)	\$ 0

TOTAL	\$ 536,800

SECTION I

ANALYSIS OF AVAILABLE FUNDS FOR FY'77

BY BUDGET REQUEST UNIT FOR
STATEWIDE HEALTH COORDINATING COUNCIL (SHCC)

A. AVAILABLE FUNDS

OBJECT	OFFICE OF PLANNING & RESEARCH BRU OF PLANNING	ALL OTHER BRU'S	TOTAL
100 PERSONAL SERVICES	\$ 0.00	\$ 0.00	\$ 0.00
200 TRAVEL	\$ 25,800.00	\$ 0.00	\$ 25,800.00
300 CONTRACTUAL	\$ 0.00	\$ 0.00	\$ 0.00
400 COMMODITIES	\$ 0.00	\$ 0.00	\$ 0.00
500 EQUIPMENT	\$ 0.00	\$ 0.00	\$ 0.00
600 LAND & STRUCTURES	\$ 0.00	\$ 0.00	\$ 0.00
700 GRANTS, CLAIMS, ETC.	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL	\$ 25,800.00	\$ 0.00	\$ 25,800.00

B. FUNDING

TYPE OF FUNDING	OFFICE OF PLANNING & RESEARCH BRU OF PLANNING	ALL OTHER BRU'S	TOTAL
GENERAL FUND	\$ 6,450.00	\$ 0.00	\$ 6,450.00
FEDERAL FUND	\$ 19,350.00	\$ 0.00	\$ 19,350.00
OTHER	\$ 0.00	\$ 0.00	\$ 0.00

C. AVAILABLE POSITIONS

POSITIONS	OFFICE OF PLANNING & RESEARCH BRU OF PLANNING	ALL OTHER BRU'S	TOTAL
PERMANENT/TEMPORARY	0/0	0/0	0/0
MAN MONTHS (P/T)	0/0	0/0	0/0

SECTION II

ANALYSIS OF AVAILABLE FUNDS FOR FY'77
 BY BUDGET REQUEST UNIT FOR
 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA) FOR FY'77

A. AVAILABLE FUNDS (in thousands):

	OFFICE OF PLANNING & RESEARCH ---	
	Planning Facilities Development Emergency Medical BRU	TOTAL
	<hr/>	<hr/>
100		
PERSONAL SERVICES	\$ 416.4	\$ 416.4
200		
TRAVEL	\$ 34.2	\$ 34.2
300		
CONTRACTUAL	\$ 55.7	\$ 55.7
400		
COMMODITIES	\$ 2.7	\$ 2.7
500		
EQUIPMENT	\$ 2.0	\$ 2.0
600		
LAND & STRUCTURES	\$ 0.0	\$ 0.0
700		
GRANTS, CLAIMS	\$ 0.0	\$ 0.0
	<hr/>	<hr/>
TOTAL	\$ 511.0	\$ 511.0

B. FUNDING (in thousands):

GENERAL FUND	\$ 301.3	\$ 301.3
FEDERAL FUNDS	\$ 196.2	\$ 196.2
OTHER	\$ 13.5	\$ 13.5

C. AVAILABLE POSITIONS*:

PERMANENT/TEMPORARY	16/0	16/0
MAN MONTH (P/T)	192/0	192/0

* INCLUDES FY'77 POSITION REQUESTS

ANALYSIS OF AVAILABLE POSITIONS
for
STATE HEALTH PLANNING and
DEVELOPMENT AGENCY (SHPDA)

ANALYSIS OF AVAILABLE POSITIONS
FOR
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)

OFFICE OF PLANNING AND RESEARCH

COMP HEALTH PLANNING

Hlth Svc Plan Coord	R/23	0039
Coord Svc Proj	R/22	New
Hlth Planner	R/20	0070
Hlth Planner	R/20	0040
Asst Hlth Planner	R/17	0069
Asst Hlth Planner	R/17	0114
Res Anal II	R/16	Req
Admin Asst I	R/12	0115
Clk Typ III	R/8	0026
Stat Clk I	R/8	Req

FACILITIES DEVELOPMENT

Coord Hlth & Soc Svc Fac	R/21	0051
Architect	R/21	0053
Grant Admin	R/17	0267
Clk Typ II	R/7	0027

EMERGENCY MED PLANNING

Emrg Hlth Svc Planner	R/20	0117
Clk Typ III	R/8	0118

THE LEGISLATURE OF THE STATE OF ALASKA
FISCAL NOTE
Second Session - Ninth Legislature

I. REQUEST

Bill No. HB 665

Title: An act relating to Statewide coordination of health planning

Requested by: _____ Date: _____

Return Date Requested: _____

Agency: Health & Social Services Program: Comprehensive Health Planning

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Comprehensive Health Planning

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES		392.9	377.9	329.2	362.1	398.3
200 TRAVEL		39.2	37.7	32.9	36.2	39.8
300 CONTRACTUAL		39.2	37.7	32.9	36.2	39.8
400 COMMODITIES		3.9	3.9	3.2	3.6	3.9
500 EQUIPMENT		11.0				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		881.0	969.1	1066.0	1172.6	1289.9
TOTAL	0.0	1367.2	1426.3	1464.2	1610.7	1771.7

B. FUNDING: (Thousands of dollars)

GENERAL FUND	0.0	1067.2	1126.3	1164.2	1310.7	1471.7
FEDERAL FUNDS	0.0	300.0	300.0	300.0	300.0	300.0
OTHER	0.0	0.0	0.0	0.0	0.0	0.0

C. POSITIONS:

PERMANENT/TEMPORARY	0 / 0	11/8	11/6	11/0	11/0	11/0
MAN MONTHS (P./T.)	0 / 0	132 / 60	132 / 36	132 / 0	132 / 0	132 / 0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
Specific assumptions include:

- 1) the effective date of the Act is July 1, 1976.
- 2) the bill as enacted is enforceable, not contradictory, and in compliance with PL 93-641.
- 3) the reorganization of departmental activities results in no change in the efficiency of current activities.

4) Reallocation of resources within the Department of Health and Social Services is not shown since additional costs are assumed not to occur in the reallocation process. The implementation of a certificate of need program under this Act will require extensive legal services in interpretation of the statute, design and regulations, establishment of administrative procedures and forms, preparation of defense to suits and initiation of legal actions. Program costs are estimated as shown below. Those objects of expenditure other than grants and equipment are projected at a 10% per year increase.

IV. ATTACHMENTS

V. DATE: 2/19/76 PREPARED BY: Richard Renninger, Acting Coordinator

Richard Renninger
Office of Planning & Research
Health & Social Services

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

Personnel Cost

<u>Permanent Positions</u>	<u>Range</u>	<u>Salary</u>	+ (21%) <u>Benefits</u>	= FY 77 <u>Cost</u>	<u>FY 78</u> <u>Cost</u>	<u>FY 79</u> <u>Cost</u>	<u>FY 80</u> <u>Cost</u>	<u>FY 81</u> <u>Cost</u>
Attorney III	22	29,808	6,259	35,067	39,673	43,640	48,004	52,804
Attorney II	19	23,928	5,024	28,952	31,847	35,031	38,534	42,387
Architect	21	27,720	5,821	33,541	36,895	40,584	44,642	49,106
Accountant IV	18	22,224	4,667	26,891	29,580	32,538	35,791	39,370
Research Analyst III	18	22,224	4,667	26,891	29,580	32,538	35,791	39,370
Administrative Assistant III	16	19,176	4,026	23,202	25,522	28,074	30,881	33,969
Health Planner	20	25,728	5,402	31,130	34,243	37,667	41,433	45,576
Assistant Health Planner	17	20,640	4,334	24,974	27,471	30,218	33,239	36,562
Clerk Typist III	8	11,256	2,363	13,619	14,980	16,478	18,125	19,937
Clerk Typist III	8	11,256	2,363	13,619	14,980	16,478	18,125	19,937
Clerk Typist II	7	10,920	2,293	13,213	14,534	15,987	17,585	19,343
<u>Temporary positions (full time equivalents) (7%)</u>								
Attorney II	19	23,928	1,674	25,602	28,162			
Attorney II	19	23,928	1,674	25,602				
Accountant IV	18	22,224	1,555	23,779	26,156			
Accountant IV	18	22,224	1,555	23,779				
Assistant Health Planner	17	20,640	1,444	22,084	24,292			
Total Personnel Services		337,824	+ 55,121	= 392,945	377,915	329,233	362,150	398,361
(In thousands)								
Personnel Services Cost				392.9	377.9	329.2	362.1	398.3
Travel at 10% of Personnel Services Cost				39.2	37.7	32.9	36.2	39.8
Contractual at 10% of Personnel Service Cost				39.2	37.7	32.9	36.2	39.8
Commodities at 1% of Personnel Services Cost				3.9	3.9	3.2	3.6	3.9
Equipment at \$1000/permanent position for the 1st year				11.0				
Grants to HSA's				881.0	969.1	1066.0	1172.6	1289.9
Total				1367.2	1426.3	1464.2	1610.7	1771.7

The following is a sectional breakdown of the fiscal effect of this bill:

Section 1 and 2

Establishment of Statewide Health Coordinating Council: no effect.

Delineation of certain health planning activities: no effect

Planning grants to health systems agencies: Indicate funding requested in application from health systems agencies

Establishment of certificate of need for health care: the itemized additional costs reflect the need for strong legal support in implementing and maintaining the program as proposed.

Section 3

Reallocation of resources required from TB control to Planning and Development; no additional cost to Department.

Section 4 thru 17

No effect.

Section 13 thru 17

Minimal effect; financial impact incorporated under Section 2.

Section 18 thru 21

Reallocation of resources required from Division of Mental Health and Developmental Disabilities to Office of Planning and Developmental; no additional cost to Department.

Section 22

Reallocation of resources required from Office of Alcoholism to Office of Planning and Development; no additional cost to Department.

Section 23 thru 27

Reallocation of resources required from Division of Mental Health and Developmental Disabilities to Office of Planning and Development; no additional cost to Department.

file
HB 665

THE LEGISLATURE OF THE STATE OF ALASKA
FISCAL NOTE
Second Session - Ninth Legislature

I. REQUEST

Bill No. NOT ASSIGNED
 Title: "AN ACT RELATING TO STATEWIDE COORDINATION OF HEALTH PLANNING"
 Requested by: HEALTH SUB-COMMITTEE Date: NOT APPLICABLE
 Return Date Requested: NOT APPLICABLE
 Affected Agency: DEPT. OF HEALTH & SOCIAL SERVICES Program: COMP. PLANNING, HEALTH INFORMATION SYSTEMS, DRUG ABUSE, ALCOHOLISM, MENTAL HEALTH, PUBLIC ASSISTANCE

II. FISCAL DETAIL

Budget Request Unit(s) Affected: SEE ATTACHED LIST

A. EXPENDITURES: (Thousands of dollars)
(REQUIRED BEYOND FY77 AGENCY REQUESTS)

OBJECT	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
100 PERSONAL SERVICES	0	46.5	51.2	56.3	61.9	68.1
200 TRAVEL	0	3.2	3.5	3.8	4.2	4.6
300 CONTRACTUAL	0	87.0	95.7	105.3	115.8	127.4
400 COMMODITIES	0	.8	.9	1.0	1.1	1.2
500 EQUIPMENT	0	1.3	0	0	0	0
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	293.7	881.0	969.1	1,066.0	1,172.6	1,289.9
TOTAL	293.7	1,019.8	1,120.4	1,232.4	1,355.6	1,491.2

B. FUNDING: (Thousands of dollars) (REQUIRED BEYOND FY77 AGENCY REQUESTS)

	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
GENERAL FUND	293.7	719.8	820.4	932.4	1,055.6	1,191.2
FEDERAL FUNDS	0	300.0	300.0	300.0	300.0	300.0
OTHER	0	0	0	0	0	0

C. POSITIONS: (REQUIRED BEYOND FY77 AGENCY REQUESTS)

	FY 76	FY 77	FY 78	FY 79	FY 80	FY 81
PERMANENT/TEMPORARY	0 / 0	2 / 0	2 / 0	2 / 0	2 / 0	2 / 0
MAN MONTHS (P./T.)	0 / 0	24 / 0	24 / 0	24 / 0	24 / 0	24 / 0

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

FY76 - ASSUMES HEALTH SYSTEMS AGENCIES OPERATIONAL BY APRIL 1, 1975. REQUIRING FY76 SUPPLEMENTAL APPROPRIATION.

FY77 - ASSUMES EFFECTIVE DATE OF JULY 1, 1976. DETAILED DESCRIPTION OF NEEDS, AVAILABLE FUNDS AND POSITIONS FOR TRANSFER, AND ADDITIONAL APPROPRIATION REQUIRED IS INCLUDED IN ATTACHED SHEETS. ASSUMES SHCC, SHPDA, HSA'S AND DEMONSTRATION PROJECT OPERATIONAL FOR ENTIRE FISCAL YEAR.

FY78 - TEN PERCENT INFLATION FACTOR BEYOND FY77 COSTS. ONE TIME ITEMS (EQUIPMENT) WILL BE PURCHASED IN FY77. THEREFORE, NO ADDITIONAL APPROPRIATION FOR FY78-81 FOR EQUIPMENT IS ANTICIPATED.

IV. ATTACHMENTS

CHARTS DETAILING NEEDS, AVAILABLE FUNDS AND POSITIONS FOR TRANSFER, AND ADDITIONAL APPROPRIATION REQUIRED FOR FY77 ATTACHED.

V. DATE: DECEMBER 22, 1975 PREPARED BY: LEGISLATIVE AFFAIRS AGENCY

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

BUDGET REQUEST UNITS
AFFECTED BY BILL

DIVISION OF MENTAL HEALTH

Administration and Support

DIVISION OF PUBLIC ASSISTANCE

Administration and Support

DIVISION OF PUBLIC HEALTH

Health Information Systems

OFFICE OF PLANNING AND RESEARCH

Comp Health Planning

Facilities Development

Emergency Med Planning

OFFICE OF ALCOHOLISM

Administration and Support

OFFICE OF DRUG ABUSE

Administration and Support

TOTAL NEEDS ANALYSIS
FOR
STATEWIDE COORDINATION OF HEALTH PLANNING

	<u>ADDITIONAL APPROPRIATION REQUIRED</u>
SECTION I - STATEWIDE HEALTH COORDINATING COUNCIL (SHCC)	\$ 57,211
SECTION II - STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)	\$ 0
SECTION III- HEALTH SYSTEMS AGENCY (HSA)	\$ 881,000
SECTION IV - LONG TERM CARE DEMONSTRATION PROJECT	\$ 81,593
	<hr/>
TOTAL	\$ 1,019,804

SECTION I:
 TOTAL NEEDS ANALYSIS
 FOR
 STATEWIDE HEALTH COORDINATING COUNCIL (SHCC) FOR FY'77

A. ESTIMATED EXPENDITURES

OBJECT	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
100 PERSONAL SERVICES	\$ 46,546.00	-0-	\$ 46,546.00
200 TRAVEL	\$ 29,000.00	(\$ 25,800)	\$ 3,200.00
300 CONTRACTUAL	\$ 5,391.00	-0-	\$ 5,391.00
400 COMMODITIES	\$ 800.00	-0-	\$ 800.00
500 EQUIPMENT	\$ 1,274.00	-0-	\$ 1,274.00
TOTAL	\$ 83,011.00	(\$ 25,800)	\$ 57,211.00

B. FUNDING

TYPE OF FUNDING	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
GENERAL FUND	\$ 63,661.00	(\$ 6,450.00)	\$ 57,211.00
FEDERAL FUND	\$ 19,350.00	(\$ 19,350.00)	\$ 0.00
OTHER	\$ 0.00	(\$ 0.00)	\$ 0.00

C. POSITIONS

POSITIONS	TOTAL NEED	AVAILABLE POSITIONS	ADDITIONAL POSITIONS TO BE ESTABLISHED
PERMANENT/TEMPORARY	2/0	0/0	2/0
MAN MONTHS (P/T)	24/0	0/0	24/0

SECTION II:
TOTAL NEEDS ANALYSIS
FOR
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA) FOR FY'77

A. ESTIMATED EXPENDITURES

OBJECT	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
100 PERSONAL SERVICES	\$655,700.00	(\$655,700.00)	\$ 0.00
200 TRAVEL	\$ 49,900.00	(\$ 49,900.00)	\$ 0.00
300 CONTRACTUAL	\$150,300.00	(\$150,300.00)	\$ 0.00
400 COMMODITIES	\$ 8,800.00	(\$ 8,800.00)	\$ 0.00
500 EQUIPMENT	\$ 4,200.00	(\$ 4,200.00)	\$ 0.00
TOTAL	\$868,900.00	(\$868,900.00)	\$ 0.00

B. FUNDING

TYPE OF FUNDING	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
GENERAL FUND	\$560,500.00	(\$560,500.00)	\$ 0.00
FEDERAL FUND	\$308,400.00	(\$308,400.00)	\$ 0.00
OTHER	\$ 0.00	(\$ 0.00)	\$ 0.00

C. POSITIONS

POSITIONS	TOTAL NEED	AVAILABLE POSITIONS	ADDITIONAL POSITIONS TO BE ESTABLISHED
PERMANENT/TEMPORARY	26/0	(26/0)*	0/0
MAN MONTHS (P/T)	312/0	(312/0)*	0/0

* INCLUDES FOUR (4) NEWLY REQUESTED POSITIONS:
 RESEARCH ANALYST III R/18 - HIS BRU
 RESEARCH ANALYST II R/16 - PLANNING & RESEARCH BRU
 RECORDS HANDLER R/12 - HIS BRU
 STATISTICAL CLERK I R/ 8 - PLANNING & RESEARCH BRU

SECTION III:
TOTAL NEEDS ANALYSIS
FOR
HEALTH SYSTEMS AGENCIES (HSA) FOR FY'77

A. ESTIMATED EXPENDITURES

OBJECT	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
100 PERSONAL SERVICES	\$ 0.00	(\$ 0.00)	\$ 0.00
200 TRAVEL	\$ 0.00	(\$ 0.00)	\$ 0.00
300 CONTRACTUAL	\$ 0.00	(\$ 0.00)	\$ 0.00
400 COMMODITIES	\$ 0.00	(\$ 0.00)	\$ 0.00
500 EQUIPMENT	\$ 0.00	(\$ 0.00)	\$ 0.00
600 LAND & STRUCTURES	\$ 0.00	(\$ 0.00)	\$ 0.00
700 GRANTS, CLAIMS	\$881,000.00	(\$ 0.00)	\$881,000.00
TOTAL	\$881,000.00	(\$ 0.00)	\$881,000.00

B. FUNDING

TYPE OF FUNDING	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
GENERAL FUND	\$581,000.00	(\$ 0.00)	\$581,000.00
FEDERAL FUND	\$300,000.00	(\$ 0.00)	\$300,000.00
OTHER	\$ 0.00	(\$ 0.00)	\$ 0.00

C. POSITIONS

POSITIONS	TOTAL NEED	AVAILABLE POSITIONS	ADDITIONAL POSITIONS TO BE APPROPRIATED
PERMANENT/TEMPORARY	0/0	(0/0)	0/0
MAN MONTHS (P/T)	0/0	(0/0)	0/0

SECTION IV:

TOTAL NEEDS ANALYSIS
FOR
LONG TERM CARE DEMONSTRATION PROJECT FOR FY'77

A. ESTIMATED EXPENDITURES

OBJECT	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
100 PERSONAL SERVICES	\$ 0.00	(\$ 0.00)	\$ 0.00
200 TRAVEL	\$ 0.00	(\$ 0.00)	\$ 0.00
300 CONTRACTUAL	\$81,593.00	(\$ 0.00)	\$81,593.00
400 COMMODITIES	\$ 0.00	(\$ 0.00)	\$ 0.00
500 EQUIPMENT	\$ 0.00	(\$ 0.00)	\$ 0.00
TOTAL	\$81,593.00	(\$ 0.00)	\$81,593.00

B. FUNDING

TYPE OF FUNDING	TOTAL NEED	AVAILABLE FUNDS	ADDITIONAL APPROPRIATION REQUIRED
GENERAL FUND	\$81,593.00	(\$ 0.00)	\$81,593.00
FEDERAL FUND	\$ 0.00	(\$ 0.00)	\$ 0.00
OTHER	\$ 0.00	(\$ 0.00)	\$ 0.00

C. POSITIONS

POSITIONS	TOTAL NEED	AVAILABLE POSITIONS	ADDITIONAL POSITIONS TO BE ESTABLISHED
PERMANENT/TEMPORARY	0/0*	(0/0)	0/0
MAN MONTHS (P/T)	0/0	(0/0)	0/0

* WILL BE CONTRACTUAL POSITIONS ONLY

ANALYSIS OF AVAILABLE FUNDS
FOR
STATEWIDE COORDINATION OF HEALTH PLANNING

	<u>TOTAL AVAILABLE</u>
SECTION I - STATEWIDE HEALTH COORDINATING COUNCIL (SHCC)	\$ 25,800
SECTION II - STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA)	\$ 868,900
SECTION III - HEALTH SYSTEMS AGENCY (HSA)	\$ 0
SECTION IV - LONG TERM CARE DEMONSTRATION PROJECT	\$ 0
	<hr/>
TOTAL	\$ 894,700

SECTION I

ANALYSIS OF AVAILABLE FUNDS FOR FY'77

BY BUDGET REQUEST UNIT FOR
STATEWIDE HEALTH COORDINATING COUNCIL (SHCC)

A. AVAILABLE FUNDS

OBJECT	OFFICE OF PLANNING & RESEARCH BRU OF PLANNING	ALL OTHER BRU'S	TOTAL
100 PERSONAL SERVICES	\$ 0.00	\$ 0.00	\$ 0.00
200 TRAVEL	\$ 25,800.00	\$ 0.00	\$ 25,800.00
300 CONTRACTUAL	\$ 0.00	\$ 0.00	\$ 0.00
400 COMMODITIES	\$ 0.00	\$ 0.00	\$ 0.00
500 EQUIPMENT	\$ 0.00	\$ 0.00	\$ 0.00
600 LAND & STRUCTURES	\$ 0.00	\$ 0.00	\$ 0.00
700 GRANTS, CLAIMS, ETC.	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL	\$ 25,800.00	\$ 0.00	\$ 25,800.00

B. FUNDING

TYPE OF FUNDING	OFFICE OF PLANNING & RESEARCH BRU OF PLANNING	ALL OTHER BRU'S	TOTAL
GENERAL FUND	\$ 6,450.00	\$ 0.00	\$ 6,450.00
FEDERAL FUND	\$ 19,350.00	\$ 0.00	\$ 19,350.00
OTHER	\$ 0.00	\$ 0.00	\$ 0.00

C. AVAILABLE POSITIONS

POSITIONS	OFFICE OF PLANNING & RESEARCH BRU OF PLANNING	ALL OTHER BRU'S	TOTAL
PERMANENT/TEMPORARY	0/0	0/0	0/0
MAN MONTHS (P/T)	0/0	0/0	0/0

SECTION II

ANALYSIS OF AVAILABLE FUNDS FOR FY'77
 BY BUDGET REQUEST UNIT FOR
 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA) FOR FY'77

A. AVAILABLE FUNDS (in thousands)

	OFFICE OF PLAN- NING & RESEARCH ---	OFFICE OF ALCOHOLISM ---	OFFICE OF DRUG ABUSE ---	DIVISION OF MENTAL HEALTH ---	DIVISION OF PUBLIC ASSISTANCE ---	DIVISION OF PUBLIC HEALTH ---	
	Planning Facilities Development Emergency Medical Bru	Administration and Support Bru	Administration Bru	Administration and Support Bru	Administration and Support Bru	Health Information Systems Bru	TOTAL
100 PERSONAL SERVICES	\$ 426.2	\$ 19.3	\$ 0.0	\$ 23.2	\$ 23.2	\$ 163.8	\$ 655.7
200 TRAVEL	\$ 34.2	\$ 1.7	\$ 0.0	\$.3	\$.3	\$ 13.4	\$ 49.9
300 CONTRACTUAL	\$ 55.7	\$ 63.5	\$ 14.4	\$.3	\$.3	\$ 16.1	\$ 150.3
400 COMMODITIES	\$ 2.7	\$ 0.0	\$ 0.0	\$.4	\$.4	\$ 5.3	\$ 8.8
500 EQUIPMENT	\$ 2.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 2.2	\$ 4.2
600 LAND & STRUCTURES	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
700 GRANTS, CLAIMS	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0
TOTAL	\$ 520.8	\$ 84.5	\$ 14.4	\$ 24.2	\$ 24.2	\$ 200.8	\$ 868.9

ANALYSIS OF AVAILABLE FUNDS FOR FY'77
 BY BUDGET REQUEST UNIT FOR
 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY (SHPDA) FOR FY'77 (continued)

B. FUNDING (in thousands)

TYPE OF FUNDING	OFFICE OF PLAN- NING & RESEARCH	OFFICE OF ALCOHOLISM	OFFICE OF DRUG ABUSE	DIVISION OF MENTAL HEALTH	DIVISION OF PUBLIC ASSISTANCE	DIVISION OF PUBLIC HEALTH	TOTAL
GENERAL FUND	\$ 324.6	\$ 0.0	\$ 0.0	\$ 24.2	\$ 10.9	\$ 200.8	\$ 560.5
FEDERAL FUNDS	\$ 196.2	\$ 84.5	\$ 14.4	\$ 0.0	\$ 13.3	\$ 0.0	\$ 308.4
OTHER	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.0

C. AVAILABLE POSITIONS*

POSITIONS	OFFICE OF PLAN- NING & RESEARCH	OFFICE OF ALCOHOLISM	OFFICE OF DRUG ABUSE	DIVISION OF MENTAL HEALTH	DIVISION OF PUBLIC ASSISTANCE	DIVISION OF PUBLIC HEALTH	TOTAL
PERMANENT/ TEMPORARY	16/0	1/0	0/0	1/0	1/0	7/0	26/0
MAN MONTH (P/T)	192/0	12/0	0/0	12/0	12/0	84/0	312/0

* INCLUDES FY'77 POSITION REQUESTS

ANALYSIS OF AVAILABLE POSITIONS

for

STATE HEALTH PLANNING and
DEVELOPMENT AGENCY (SHPDA)

ANALYSIS OF AVAILABLE POSITIONS
for
STATE HEALTH PLANNING and
DEVELOPMENT AGENCY (SHPDA)

OFFICE OF PLANNING AND RESEARCH

COMP HEALTH PLANNING

Hlth Svc Plan Coord	R/23	0039
Coord Svc Proj	R/22	New
Hlth Planner	R/20	0070
Hlth Planner	R/20	0040
Asst Hlth Planner	R/17	0069
Asst Hlth Planner	R/17	0114
Res Anal II	R/16	Req
Admin Asst I	R/12	0115
Clk Typ III	R/8	0026
Stat Clk I	R/8	Req

FACILITIES DEVELOPMENT

Coord Hlth & Soc Svc Fac	R/21	0051
Architect	R/21	0053
Grant Admin	R/17	0267
Clk Typ II	R/7	0027

EMERGENCY MED PLANNING

Emrg Hlth Svc Planner	R/20	0117
Clk Typ III	R/8	0118

DIVISION OF PUBLIC HEALTH

HEALTH INFORMATION SYSTEM

Hlth Info Sys Coord	R/22	1137
Hlth Svc Spec	R/20	1381
Res Anal III	R/18	Req
Admin Asst III	R/16	1396
Rec Handler	R/12	Req
Clk Typ III	R/8	1278
Clk Typ II	R/7	1457

DIVISION OF MENTAL HEALTH

ADMINISTRATION AND SUPPORT

Res Anal II	R/16	2003
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DIVISION OF PUBLIC ASSISTANCE

ADMINISTRATION AND SUPPORT

Res Anal II	R/16	8008
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OFFICE OF ALCOHOLISM

ADMINISTRATION AND SUPPORT

Res Anal I	R/13	0284
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