HB
206

HB 206

Municipality of Anchorage

POUCH 6-650
ANCHORAGE, ALASKA 99502
(907) 274-2525

GEORGE M. SULLIVAN, MAYOR

MUNICIPAL HEALTH COMMISSION

March 24, 1978

Charles Parr, Chairman
House Health, Education &
Social Services Committee
Pouch V
Juneau, Alaska 99811

Dear Mr. Parr:

The Municipal Health Commission has reviewed and made a recommendation on HB 206 that is presently in your committee.

The Municipal Health Commission is a 33 member, community based group of concerned citizens. The Commission reviews community health issues, grants, problems, and legislation and makes recommendations to the Municipal, State and Federal governments and legislative bodies, the general public, and the Regional Health Systems Agency. The Commission membership must meet rigid legal requirements that assure broad demographic and occupational representation as well as a consumer majority.

Attached is the review and recommendation on HB 206 as approved by the Municipal Health Commission on March 22, 1978. We hope that your committee will consider our review and recommendation before making a decision on this bill.

Thank you very much.

Sincerely,

Gari Andreini, Chairman
Municipal Health Commission

Attachment

March 22, 1978

LEGISLATIVE REVIEW & RECOMMENDATIONS OF THE MUNICIPAL HEALTH COMMISSION

1. BILL NUMBER AND TOPIC: HB 206 Public Health Services in Municipalities.

2. WHAT IS THE CURRENT STATUS OF THE BILL? Presently in House Committee on Health, Education and Social Services. WHAT IS THE TIME FRAME FOR INFLUENCING THE BILL'S OUTCOME BY THE COMMITTEE OR COMMISSION? This legislative session.

3. WHAT DOES THE BILL DO? Provide a mechanism for organized Municipalities and Boroughs to obtain health powers from the State.

4. WHOM DOES IT AFFECT? Residents of an organized Borough or Municipality within the State of Alaska.

5. HOW MUCH DOES IT COST? Unable to determine.

6. IS IT DIRECTED TO A SPECIFIC GEOGRAPHICAL AREA? Yes. WHERE? Organized Boroughs and Municipalities with the State.

7. IS IT DIRECTED TO A SPECIFIC GROUP? No.

8. WHAT ARE ITS STRENGTHS? Guarantees State funding for health programs provided by the Municipality, and streamlines accountability.

9. WHAT ARE ITS DRAWBACKS, WEAKNESSES? 1) The level of funding appears ambiguous implying that it is on either a decreasing formula of 10% a year or static from the time Health Powers are granted. 2) It is hoped that the legislative intent would be that the Municipality or Borough be responsible and accountable for the comprehensive health programs. In addition, by making the Municipality or Borough responsible and accountable for health programs, the State should deal only with these governing units and not with any of their specific sub-contractors.

10. IS THE IDEA NEW? No. ARE THERE ANY PRECEDENTS? No.

11. HOW WOULD THIS BILL AFFECT THE ANCHORAGE HEALTH SERVICES PLAN? Would strengthen the Anchorage Health Services Plan by allowing implementation at the local level.

12. WHAT IS THE COMMITTEE'S RECOMMENDATION? The committee recommends conditional approval based on the following:

    1. That the ambiguous wording on funding levels Section 18.10 031 Grants (a)(1) be changed to reflect static or increasing funding levels.

    2. That the legislative intent be that Municipalities or Boroughs be responsible and accountable for the comprehensive health programs, and that the State deal only with these local governmental units, and not with their sub-contractors.

Internal Medicine Associates

3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D.
Liver & Digestive Diseases

Joseph J. Pollock, M.D.
Pulmonary Disease

John F. Selden, M.D.
Nephrology

Paul L. Steer, M.D.
Internal Medicine & Infectious Disease

George L. Stewart, M.D.
Pulmonary Disease

James B. Watson, M.D.
Liver & Digestive Diseases

Thomas C. Wood, M.D.
Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
Director, Division of Public Health
State of Alaska

Internal Medicine Associates

3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D.
Liver & Digestive Diseases

Joseph J. Pollock, M.D.
Pulmonary Disease

John F. Selden, M.D.
Nephrology

Paul L. Steer, M.D.
Internal Medicine & Infectious Disease

George L. Stewart, M.D.
Pulmonary Disease

James B. Watson, M.D.
Liver & Digestive Diseases

Thomas C. Wood, M.D.
Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
Director, Division of Public Health
State of Alaska

Internal Medicine Associates

3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D.
Liver & Digestive Diseases
Joseph J. Pollock, M.D.
Pulmonary Disease
John F. Selden, M.D.
Nephrology
Paul L. Steer, M.D.
Internal Medicine & Infectious Disease
George L. Stewart, M.D.
Pulmonary Disease
James B. Watson, M.D.
Liver & Digestive Diseases
Thomas C. Wood, M.D.
Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
Director, Division of Public Health
State of Alaska

Internal Medicine Associates
3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D.
Liver & Digestive Diseases
Joseph J. Pollock, M.D.
Pulmonary Disease
John F. Selden, M.D.
Nephrology
Paul L. Steer, M.D.
Internal Medicine & Infectious Disease
George L. Stewart, M.D.
Pulmonary Disease
James B. Watson, M.D.
Liver & Digestive Diseases
Thomas C. Wood, M.D.
Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
Director, Division of Public Health
State of Alaska

Internal Medicine Associates

3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D. Liver & Digestive Diseases
Joseph J. Pollock, M.D. Pulmonary Disease
John F. Selden, M.D. Nephrology
Paul L. Steer, M.D. Internal Medicine & Infectious Disease
George L. Stewart, M.D. Pulmonary Disease
James B. Watson, M.D. Liver & Digestive Diseases
Thomas C. Wood, M.D. Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
Director, Division of Public Health
State of Alaska

Internal Medicine Associates

3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D.
Liver & Digestive Diseases

Joseph J. Pollock, M.D.
Pulmonary Disease

John F. Selden, M.D.
Nephrology

Paul L. Steer, M.D.
Internal Medicine & Infectious Disease

George L. Stewart, M.D.
Pulmonary Disease

James B. Watson, M.D.
Liver & Digestive Diseases

Thomas C. Wood, M.D.
Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
 and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
 of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
 Director, Division of Public Health
 State of Alaska

Internal Medicine Associates

3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D. Liver & Digestive Diseases
Joseph J. Pollock, M.D. Pulmonary Disease
John F. Selden, M.D. Nephrology
Paul L. Steer, M.D. Internal Medicine & Infectious Disease
George L. Stewart, M.D. Pulmonary Disease
James B. Watson, M.D. Liver & Digestive Diseases
Thomas C. Wood, M.D. Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
Director, Division of Public Health
State of Alaska

Internal Medicine Associates

3500 LaTouche Street
Suite 310
Anchorage, Alaska 99504
Phone: (907) 274-5550

Richard F. Buchanan, M.D.
Liver & Digestive Diseases
Joseph J. Pollock, M.D.
Pulmonary Disease
John F. Selden, M.D.
Nephrology
Paul L. Steer, M.D.
Internal Medicine & Infectious Disease
George L. Stewart, M.D.
Pulmonary Disease
James B. Watson, M.D.
Liver & Digestive Diseases
Thomas C. Wood, M.D.
Cardiovascular Disease & Nephrology

March 8, 1977

Chairman, Health, Education
and Social Services Committee
Alaska State House of Representatives
Juneau, Alaska 99801

Re: House Bills 206 and 207

Dear Sir,

The Bush Medicine Committee of the Alaska State Medical Association at a recent meeting has evaluated pending House bills 206 and 207 relating to public health services in minicipalities and unorganized boroughs. After due consideration of many factors pertaining to these bills, we would like to go on record as supporting passage of House bill 206 authorizing ninety percent funding for municipalities in providing their own public health services, and would like to register our nonsupport of House bill 207 related to local public health service administration in unorganized boroughs. We feel that the quality of medical care in unorganized boroughs would diminish with passage of this bill; the record of excellence established by State agencies seems unsurpassable, and any changes in the current status with regard to bush preventive medicine measures seems only likely to reduce the level of service provided to residents of these areas. Municipalities, however, seem more capable of providing both funding and local expertise, and we would, therefore, urge passage of House bill 206 which allows this to transpire.

We hope you will carefully consider our recommendations when evaluating testimony regarding passage of these bills.

Sincerely,

Richard F. Buchanan, M.D.
Chairman, Bush Medicine Committee
of Alaska State Medical Association.

RFB:dly

cc David Beal, M.D.
cc Robert Fraser, M.D.
Director, Division of Public Health
State of Alaska

DEPARTMENT OF HEALTH & SOCIAL SERVICES

SUPPORTIVE INFORMATION SHEET

HB 206 - Public Health Services in Municipalities
HB 207 - Contracts for Local Health Services

1. WHAT IS THE PURPOSE OF THE LEGISLATION?
   This legislation permits the orderly delegation of authority and responsibility of specific public health functions from the Department of Health & Social Services, to local public health districts or municipalities voluntarily requesting the responsibility.

2. IS THIS LEGISLATION AN ATTEMPT TO DECENTRALIZE SPECIFIC PUBLIC HEALTH FUNCTIONS THAT ARE NOW IN EXISTENCE OR TO PROVIDE A MEANS TO DECENTRALIZE FUTURE PUBLIC HEALTH FUNCTIONS?
   The purpose is to decentralize both present and future public health functions handled by the department. It is in direct response to the increased consumer interest and the wish of local communities to become more involved in public health programs and decisions which affect their local public health care.

3. ARE THE RESPONSIBILITIES OF THE PUBLIC LAW 93-641 HEALTH SYSTEMS AGENCIES THE SAME AS THOSE FOR THE HEALTH DISTRICTS CREATED UNDER THIS ACT?
   Health Systems Agencies have a responsibility for health planning, resource development, and for review of plans submitted by the health districts. They are not responsible for the implementation and delivery of public health services.

   The local public health service area boards have the overall responsibility for the delivery of public health services. This also includes determining the need, developing a plan for submission to the health systems agency and overseeing the implementation of the public health service area plan.

4. WHAT IS THE MEANING OF THE TERM BASIC PUBLIC HEALTH SERVICES?
   Basic public health services refer to the basic elements (public health nursing and environmental health) which fulfill the minimum requirements of preventive public health services, which may be carried out at the local level.

Revised 3/10/77

DEPARTMENT OF HEALTH AND ENVIRONMENTAL PROTECTION
MUNICIPALITY OF ANCHORAGE

March 9, 1977

TESTIMONY PRESENTED BY ROBERT A. "BERT" HALL BEFORE THE HESS COMMITTEE OF THE HOUSE OF REPRESENTATIVES.

Mr. Chairman, members of the House HESS Committee, my name is Bert Hall; I am the Director of the Department of Health and Environmental Protection for the Municipality of Anchorage.

We have been studying very carefully House Bills 206 and 207 and have accomplished some analysis of the potential impacts, both positive and negative, of that legislation upon the Municipality. Our prime concern is obviously with H.B. 206 since, by definition, we would be excluded from consideration under H.B. 207.

The testimony we offer today, especially any statistics, are intended to be preliminary in nature with dollar figures used only for illustrative purposes. We are attempting to document some accurate reflection of the history of our past experiences in joint funding public health services in the Anchorage area.

Let me begin by stating that we believe that there needs to be established a formal and equitable system for the orderly delegation of state authority to municipalities and for the authorization of grants to local governments to assist in providing public health services. We agree with the stated purpose - to provide and safeguard the health of the general public. However, if our understanding of the system suggested in H.B. 206 as it would apply to the Municipality of Anchorage is accurate, then we have some real problems endorsing the legislation without amendment.

Since the Municipality of Anchorage has the only history of joint governmental funding of public health services in Alaska, perhaps it would be helpful to review briefly our past experiences.

As early as 1926 the City of Anchorage employed a sanitarian and a nurse to look after some of the health and sanitation problems for the community. Over the years various combinations of efforts by the city and adjacent utility districts with assistance from the Territory and the State have maintained an agency to provide public health services.

For about ten years the Greater Anchorage Area Borough Health Department operated as a district agency serving Anchorage and the metropolitan area technically under State authority, and financed by a combination of local, State and Federal funds. A succession of health officers brought variations in emphasis, but for the most part the services included general sanitation and public health nursing.

The assumption of health powers by the Borough in 1964 brought no significant changes in services for several years, though steadily the local agency grew in experience and assumed many responsibilities once carried almost wholly by the State. Even yet the Department lacks some of the most important services such as: Laboratory, Child Guidance, Nutrition and Health Education. Of these only laboratory services are available through the Southcentral Regional Laboratory operated by the State Department of Health and Social Services.

The Department of Health and Environmental Protection's responsibilities include the full scope of health powers, including environmental, since no other official agency of local government has such powers assigned.

"The scope of health is considered to be a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity". This definition has been adopted by the World Health Organization, the American Public Health Association, The Alaska Public Health Association, and by most official health agencies throughout the Country. The practical boundaries of health functions assumed by Federal, State and local official and voluntary agencies are more often defined by limits of resources and recognized needs than by definition of public health which states that "public health includes those services and functions which the people can better provide for themselves collectively rather than as individuals". This definition also implies that as needs change services change to meet them.

As noted above the Department of Health Environmental Protection has grown and has assumed many of the State's public health responsibilities. In recognition of the assumption of these State responsibilities the State gave the Department in fiscal year 1970-71 the amount of $265,000. Included in this amount was $125,000 for Alaska Crippled Children's Association and Alaska Retarded Citizen's Association thus leaving $140,000 for public health services. The $125,000 for ACCA and ARCA was for the provision of

exceptional children's programs. The $140,000 was for the provision of communicable disease control, vital statistics collection, environmental sanitation, health education, promotion of individual health and collection and preparation of laboratory samples.

We, the local health authority were expected to accomplish many specific tasks, including the following:

We would provide immunizations for all citizens without charge,
We would perform chest x-rays,
We would provide diagnostic consultation for TB and for venereal diseases,
We would accomplish epidemiological investigations where appropriate.

In the environmental health area;

We would inspect public facilities: eating and drinking establishments, grocery stores, bakeries, etc.; housing and mobile home communities, schools, hospitals, nursing homes, swimming pools, etc.
We would respond to complaints and public nuisances,
We would deal with most matters of pollution, especially water and sewer.

To promote individual health;

We would provide for visits of the Public Health Nurse in the home,
We would conduct family planning clinics,
We would conduct classes for expectant parents and run well child clinics,
We would provide consultation to child care centers.

Additionally, we would provide certain limited laboratory services, and the services of the physician.

All of these and many more would be provided in the basis of total health needs.

When the first contract was signed in 1970, it was agreed that the State support would allow for the provision by the Municipality of a proportionally greater amount of services than would have been provided if no contract or grant existed.

It should be pointed out that there was little rhyme nor reason regarding the dollar amount included. The contract instead was a document intended to legally transfer the line item budget amount.

For the next fiscal year, 1971-72, the contract was renegotiated to a total amount of $500,000, $140,000 was earmarked for ACCA and ARCA, the exceptional children's programs... $100,000 was dedicated to environmental health and $260,000 to public health. The total amount budgeted for these services by the Municipality for that period was $1,391,000. The State's share of that budget was therefore, 25.9%. It is my belief that that contract was the first sincere attempt to share reasonable costs.

I have studied all of the contracts since 1971. All are basically the same; all use the same words, all have the same conditions, all have the same scope - and unfortunately all have the same dollar amount.

Meanwhile, the population of Anchorage has grown about 50%, services have been expanded to meet the recognized needs; inflation has eaten away at the purchasing power or service delivery capability of the $360,000 we received from the State for the provision of the public health services described above.

Attached is a graph which illustrates the growth of the true costs and shows also the level of State support.

The true cost of delivering public health services in Anchorage for the present year is $2,930.170. The Municipality is receiving $335,430 in other revenue. The State is still contributing $360,000 which means that its share is now only 13.9%. If the 1971-72 proportion of State investment was interpolated to today's budget then the State would be paying $754,000 for its share of public health services and a total of $894,000, recognizing that the $140,000 was legislatively intended for passthrough projects.

House Bill 206 provides under Section 18.10.031(1) for a grant to a Municipality in an amount equal to 90% of the State budget for public health services furnished by a municipality in that fiscal year; the same level of basic grant support shall be provided in subsequent fiscal years. In order to get this grant the Municipality must only agree to maintain the same level of public health services as furnished by the Department in the fiscal year preceding application for the grant. There is also a hold harmless clause which we cannot interpret.

Under House Bill 206, will the State be willing to go 90% of the true cost of delivering public health services in Anchorage or is it the intent of the State to continue paying the Municipality $360,000 as provided under Section 18.10.031(d)? Herein lies our major problem with the legislation.

Up until this time the Municipality of Anchorage has provided the public health services in the Anchorage area which are the historic delegated responsibility of the State. The State, through House Bill 206 would contract with local governments and under H.B. 207 create health entities to contract with where no local government exists for the delivery of public health services. In other areas of the State the local residents will only have to pay 10% of the true cost of the delivery of public health services; H.B. 207 provides that where local governments do not exist federal monies can be used to match the State contribution.

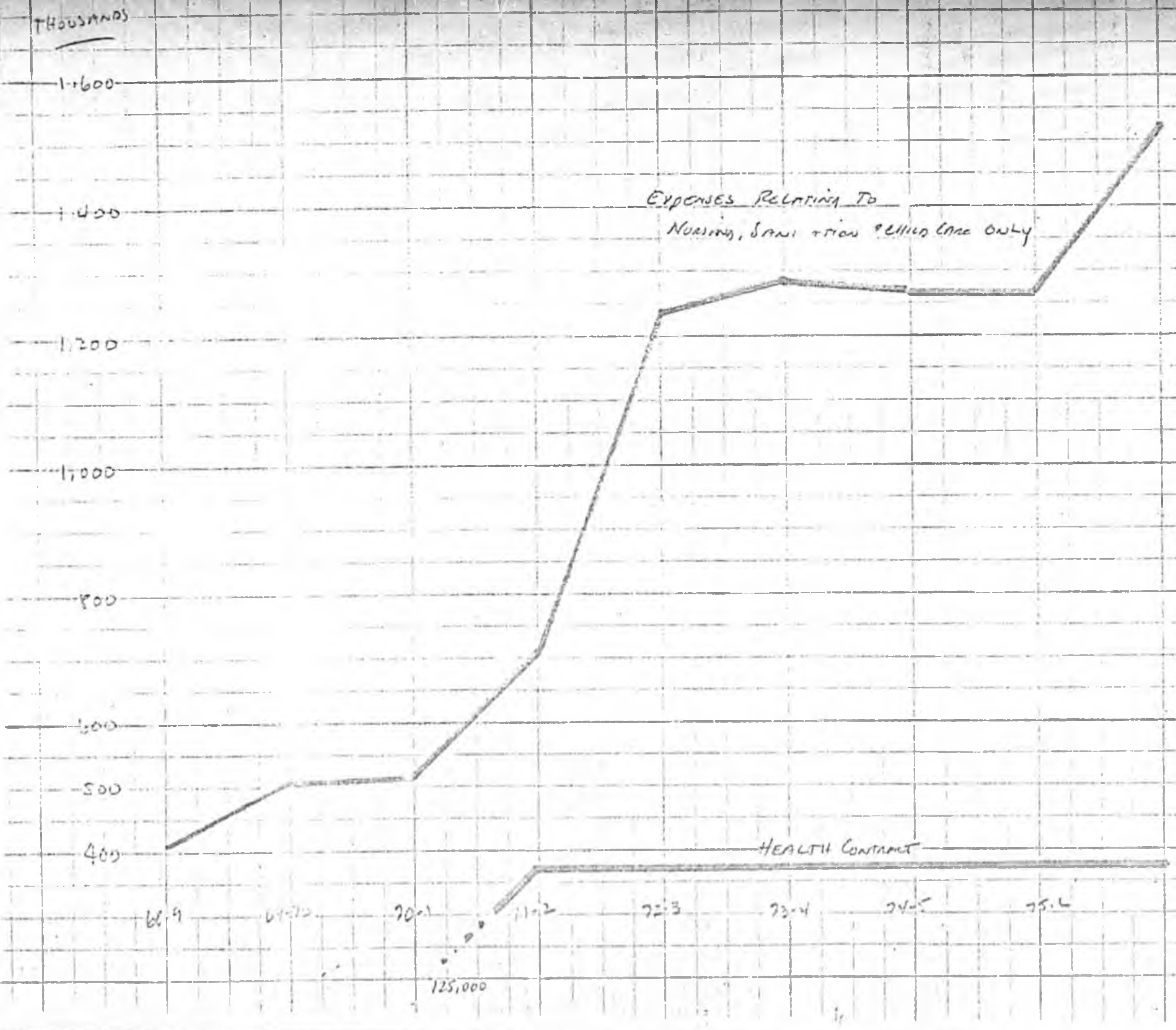
Today in Anchorage, the local taxpayers directly pay for 86.1% of the cost of providing public health services as well as their share of State taxes. The people in other communities are not directly paying for any public health services.

In essence, we are questioning whether or not the base figure which would be used to calculate a 90% support for 1980, and would be reflected in all future years, bears any relationship to the true costs as would be the case elsewhere in the State.

Another major concern is the potential disincentive that may be built into the Bill. If a local government knew that it would get 50% support for a new program a few years down the road, why expand services for less support? Someone might even conclude that local autonomy might not be worth spending 85%-90% of the costs with local funds when the basic services could be provided by the State at 100% support if no agreement existed.

A final concern relates to the lack of a clear mechanism for providing for State support of any dramatic increase in needs which comes into being with little warning. In a similar vein, there appears to be no opportunity for passing along any major availability of new health dollars that may come to the State from one source or another.

Thank you.


THOUSANDS
1,600
1,400
1,200
1,000
800
600
500
400
EXPENSES RELATING TO
NURSING, SANITATION & CHILD CARE ONLY
HEALTH CONTRACT
72-3
73-4
74-5
75-6
125,000

Introduced: 2/11/77
Referred: Health,Education & Social Services and Finance

IN THE HOUSE

BY THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

HOUSE BILL NO. 206

IN THE LEGISLATURE OF THE STATE OF ALASKA

TENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to public health services in municipalities; and providing for an effective date."

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

* Section 1. AS 18.10 is amended by adding new sections to read:

CHAPTER 10. LOCAL PUBLIC HEALTH SERVICES

[UNITS AND DISTRICTS].

ARTICLE 1. MUNICIPALITIES.

Sec. 18.10.011. PURPOSE. The purpose of secs. 11 - 71 of this chapter is to promote and safeguard the health of the general public by orderly delegation of state authority to municipalities and authorizing of grants for comprehensive public health services to local governments.

Sec. 18.10.021. ELIGIBLE MUNICIPALITIES. (a) The following municipalities are eligible for the transfer of responsibility and the receipt of financial grants under secs. 11 - 71 of this chapter:

(1) cities which are within an organized borough and have public health powers;

(2) unified municipalities established under AS 29.68.240 - 29.68.440, in the municipal area in which public health powers are authorized, whether area-wide or in less than the entire area of the municipality;

(3) organized boroughs, in the borough area in which public health powers are authorized, whether areawide or in the borough area outside cities only or in a service area established for public health

Pub Health nursing sanitation

purposes under AS 29.63.090 or by home rule charter.

(b) Nothing in secs. 11 - 71 of this chapter otherwise restricts or prohibits the combining of two or more municipalities as a single entity for the purposes of secs. 11 - 71 of this chapter, upon mutual agreement for cooperative or joint administration of functions.

Sec. 18.10.031. GRANTS. (a) The commissioner may make grants to the governing bodies of municipalities designated in sec. 21 of this chapter to assist in paying costs of provision of comprehensive public health services under a plan of service as required by regulations adopted under sec. 61 of this chapter. Application for a grant must be submitted, no later than April 1 preceding the fiscal year for which the grant is sought, in the form and with information which the department by regulation prescribes. The grant has two elements:

(1) if the municipality agrees to maintain the same level of public health services as furnished by the department in the fiscal year preceding application, the department shall provide an initial grant to the municipality in an amount equal to 90 per cent of the state budget for public health services furnished in the municipality in that fiscal year; the same level of basic grant support shall be provided in subsequent fiscal years;

$1.3 m - Anch

(2) in addition to grant money under (1) of this subsection, if the municipality expands public health services or initiates new programs beyond those provided in the fiscal year preceding application, and they are included in the approved health services plan, the department shall provide 50 per cent of the cost of the additional services or programs to the extent permitted by funds appropriated for that purpose.

(b) A grant is authorized under this section only if

(1) application is made on a state fiscal-year basis and

has been approved by the appropriate health systems agency, and

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

(B) in those cases in which a plan of services has been initially approved, the commissioner upon his annual review of the plan determines that it and the activities undertaken under it continue to meet requirements established for these plans;

(2) the governing body of the municipality agrees to maintain local operating expenditures for public health services at a level at least equal to the level of support as of July 1, 1977; a municipality must, as a minimum condition of compliance with secs. 11 - 71 of this chapter, assume responsibility for maintenance of the local health center within the municipality;

(3) the governing body matches with revenue or in-kind contributions which are not derived from state or federal sources, except under the provisions of AS 43.18.010,

(A) 10 per cent of the amount necessary to maintain the level of public health services provided by the department in the fiscal year preceding application;

(B) 50 per cent of the cost of the services or programs additional to those provided in the fiscal year preceding application;

(4) the commissioner determines that public health services proposed under the plan cannot be provided more efficiently through a single entity combining with one or more entities as provided in sec. 21(b) of this chapter.

(c) The department shall establish by regulation, a method, consistent with state accounting procedures, for determining the value of contributions made in kind by municipalities.

(d) Nothing in secs. 11 - 71 of this chapter reduces grants provided to municipalities to which responsibility for health services have been transferred before the effective date of this Act.

Sec. 18.10.041. EXPENDITURE OF FUNDS. Funds received by a municipality under secs. 11 - 71 of this chapter shall be expended only for the purpose described in the plan of service which has been approved by the commissioner.

Sec. 18.10.051. PRORATION. If amounts appropriated by the legislature are insufficient to meet the costs of matching grants calculated under secs. 11 - 71 of this chapter, the amount available shall be allocated pro rata among eligible municipalities.

Sec. 18.10.061. REGULATIONS. The commissioner shall adopt regulations necessary to implement secs. 11 - 71 of this chapter, covering such subjects as

(1) requirements for the development of a plan of service by a municipality;

(2) minimal standards of service;

(3) procedures for the application, revision, and approval of grants to municipalities, which include a detailed allocation formula;

(4) municipal health program evaluation;

(5) qualifications of health personnel.

Sec. 18.10.071. DEFINITIONS. In secs. 11 - 71 of 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) "health systems agency" means an entity organized and operated in accordance with sec. 1521(b) of the Public Health Service Act (which section was added by P.L. 93-641), and engaging in health planning and development functions in a specified health service area of the state;

(4) "local health center" means a facility containing one or more offices, examining rooms, and clinic space for health programs.

* Sec. 2. AS 18.05.040(a)(4), AS 18.10.010 - 18.10.050, and 18.10.260 - (b) are repealed.

* Sec. 3. AS 18.10.031 in sec. 1 of this Act takes effect on July 1, 1980. The remainder of this Act takes effect immediately in accordance with AS 01.10.070(c).

DEPARTMENT OF HEALTH & SOCIAL SERVICES

SUPPORTIVE INFORMATION SHEET

HB 206 - Public Health Services in Municipalities
HB 207 - Contracts for Local Health Services

1. WHAT IS THE PURPOSE OF THE LEGISLATION?

   This legislation permits the orderly delegation of authority and responsibility of specific public health functions from the Department of Health & Social Services, to local public health districts or municipalities voluntarily requesting the responsibility.

2. IS THIS LEGISLATION AN ATTEMPT TO DECENTRALIZE SPECIFIC PUBLIC HEALTH FUNCTIONS THAT ARE NOW IN EXISTENCE OR TO PROVIDE A MEANS TO DECENTRALIZE FUTURE PUBLIC HEALTH FUNCTIONS?

   The purpose is to decentralize both present and future public health functions handled by the department. It is in direct response to the increased consumer interest and the wish of local communities to become more involved in public health programs and decisions which affect their local public health care.

3. ARE THE RESPONSIBILITIES OF THE PUBLIC LAW 93-641 HEALTH SYSTEMS AGENCIES THE SAME AS THOSE FOR THE HEALTH DISTRICTS CREATED UNDER THIS ACT?

   Health Systems Agencies have a responsibility for health planning, resource development, and for review of plans submitted by the health districts. They are not responsible for the implementation and delivery of public health services.

   The local public health service area boards have the overall responsibility for the delivery of public health services. This also includes determining the need, developing a plan for submission to the health systems agency and overseeing the implementation of the public health service area plan.

4. WHAT IS THE MEANING OF THE TERM SELECTED PUBLIC HEALTH SERVICES?

   Selected public health functions refer to the basic elements (public health nursing and environmental health) which fulfill the minimum requirements of preventive public health services, which may be carried out at the local level.

5. WHAT IS THE MEANING OF THE TERM COMPREHENSIVE PUBLIC HEALTH SERVICES? (HB 206)

   Comprehensive public health services are those services which complement, support, and extend beyond the basic elements to meet the health needs in a municipality.

6. IS THE TERM PUBLIC HEALTH SERVICES LIMITED TO PUBLIC HEALTH NURSING AND SANITATION?

   No, other programs under the jurisdiction of the department may be added. A major consideration is the cost effectiveness of the service when it is provided at the local level.

7. WHAT IS THE DIFFERENCE BETWEEN A PUBLIC HEALTH DISTRICT AND LOCAL HEALTH SERVICE AREA? (HB 207)

   A public health district is a general descriptive term which includes the organized boroughs, and cities without health powers and the local public health service areas.

   Local public health service areas are found in organized and unorganized boroughs and created for the purpose of assuming responsibility for specific public health functions.

8. COULD THERE BE MORE THAN ONE LOCAL PUBLIC HEALTH SERVICE AREA WITHIN A REGIONAL EDUCATIONAL SERVICE AREA? (HB 207)

   With few exceptions there will be only one local public health service area within a Regional Education Attendance Area. In some cases, two or more Regional Education Attendance Areas may combine to provide the necessary population base for a local public health service area.

9. WILL ALL PUBLIC HEALTH DISTRICTS BE REQUIRED TO ASSUME RESPONSIBILITY FOR THE PUBLIC HEALTH SERVICES IN THEIR AREA? (HB 207)

   No. Where the health district does not exercise it's option to assume it's public health responsibility, the state will continue to provide the basic public health services as in the past.

10. WILL A PUBLIC HEALTH DISTRICT HAVE THE OPTION TO REQUEST A CONTRACT FOR ONLY CERTAIN SELECTED PUBLIC HEALTH SERVICES? (HB 207)

    Yes. The intent of the legislation is for each public health district to provide all aspects of specified core services. However, based upon a review of the health needs of the area, a service may be dropped but not certain aspects of a service.

11. WHY WERE THE REGIONAL EDUCATIONAL ATTENDANCE AREAS SELECTED AS THE BOUNDARIES FOR LOCAL PUBLIC HEALTH SERVICE AREAS? (HB 207)

    AS 29.03.020, covering Service Areas in the unorganized borough, stipulates that new service areas may not be established if there are existing service areas that can be utilized. In keeping with this statutory mandate, the Regional Educational Attendance Areas created under AS 14.08.031, (a), (b) were utilized.

12. WHAT IS THE RELATIONSHIP BETWEEN THE PUBLIC LAW 93-641 HEALTH SERVICE AREA BOUNDARIES AND THE LOCAL PUBLIC HEALTH SERVICE AREA BOUNDARIES? (HB 207)

    The boundary of a local public health service area, or the boundaries of a combination of more than one local public health service area, will generally conform to the Health Service Area boundaries.

13. WHAT IS THE RELATIONSHIP BETWEEN THE NATIVE HEALTH CORPORATION BOUNDARIES AND THE LOCAL HEALTH SERVICE AREA BOUNDARIES? (HB 207)

    The boundary of a local public health service area, or the boundaries of a combination of more than one local public health service area, will generally conform to the native health corporation boundaries.

14. WHY HAS THE MINIMUM POPULATION FIGURE OF 6,000 BEEN SET AS REQUIREMENT FOR EACH LOCAL PUBLIC HEALTH SERVICE AREA? (HB 207)

    Experience nation-wide has found a minimum of 50,000 population was required to ensure cost effectiveness in rendering basic public health services to a geographic area. In Alaska 6,000 seemed more appropriate because of the distances involved and travel requirements needed to serve the vast, sparsely populated areas.

15. WHY DOES THE LEGISLATION ONLY INCLUDE PROVISIONS FOR THE DEVELOPMENT OF LOCAL PUBLIC HEALTH SERVICE AREA BOARDS IN THE UNORGANIZED BOROUGHS? (HB 207)

    The legislation is concerned with the development of local public health service area boards in unorganized boroughs because the organized boroughs, municipalities, and cities already have duly elected governing bodies to handle the assumption of health powers.

16. WHY IS AN ELECTED BOARD REQUIRED, WOULD NOT AN APPOINTED BOARD SUFFICE?

    Only elected boards can represent the wishes of the people of an area; also only an elected board can enforce the health regulations as delegated by the state.

17. WILL THE ELECTION OF BOARD MEMBERS BE HELD DURING REGULAR STATE ELECTIONS?

    Yes. Except for the first election of board members, which will be held not less than 60 days or more than 90 days after the establishment of local public health service areas, board members shall be elected annually the first Tuesday of October with the election of local school board officials.

18. WHY IS THERE NEED TO INCLUDE PROVISIONS FOR BOTH GRANTS (HB 206) AND CONTRACTS (HB 207) IN THE LEGISLATION?

    Grants may be given only for comprehensive public health services to municipalities, who have governing boards composed of duly elected government officials. Contracts are given for specific public health services to a governing body of a public health district, who then may sub-contract with a private health corporation.

19. MAY THE 10% MINIMUM MATCHING FUNDS REQUIRED OF HEALTH DISTRICTS BE IN "IN KIND SERVICE"? (HB 207)

Yes.

20. HOW WILL SERVICES BE PROVIDED TO PUBLIC HEALTH DISTRICTS THAT DO NOT QUALIFY FOR GRANTS OR CONTRACTS?

The state will continue to provide direct basic public health services to all areas not assuming local public health responsibilities.

21. WHY IS IT NECESSARY FOR THE STATE TO IMPOSE A SET OF REGULATIONS AND STANDARDS WHEN PUBLIC HEALTH SERVICES ARE DECENTRALIZED?

The intent of the legislation is to provide a means for the decentralization of core public health services. The regulations are for the establishment of guidelines and requirements for the operation of these public health services and for the enforcement of delegated statutory public health powers. The standards are needed to set the minimum requirements for personnel, accounting procedures, fiscal matters, performance and accountability.

22. WILL THE REGULATIONS CREATE STANDARDS AND REQUIREMENTS BEYOND THOSE PRESENTLY REQUIRED FOR STATE RUN PROGRAMS?

No. The regulations will not be more restrictive than present standards and requirements now being followed by the Department of Health & Social Services. Public health districts may choose to develop regulations which are more but not less stringent than state regulations.

LEGISLATIVE RECOMMENDATIONS
OF THE
CITIZEN'S PARTICIPATION CONFERENCE

February 23-24, 1977

Juneau, Alaska

SOCIAL SERVICE DELIVERY

High Priority

SB 54 — "An act relating to adoption assistance for hard to place children in foster homes".

SB 106 — Children's Laws and related Judicial proceedings

HB 63 — Guardians of incapacitated persons

AMENDMENTS: (1) That no agent of Social Service be granted guardianship with the exception of relatives who may be employed as such.
(2) That a yearly review of guardianship be required.

Moderate Priority

HB 193 — Child Care Licensing

Other Recommendations

(1) That a state-wide investigation into foster care be initiated due to alleged incidents of child abuse.
(2) That a state resolution be passed supporting the Indian Children Act (SB 3777) in Congress.

STATEMENT OF THE CPC COMMITTEE ON HEALTH AND SOCIAL SERVICES IN REGARD TO HB 206 AND 207:

The CPC Committee on Health and Socail Services has resolved that the effective delivery of public health services is an activity of crucial importance to the health, safety and well being of all residents of Alaska. The committee also feels that the decentralization of the actual delivery of health services is a key element in accomplishing this goal and should be afforded the highest possible priority.

However, the present level of available health services thoughout the State is woefully inadequate.

Therefore, although it supports the general concept of decentralization embodied in HB 206 and 207, the Committee on Health and Social Services recommends a "Do not pass" on both bills because the statutory framework for health care delivery which they create inadequately addresses the following considerations:

1. The 90% grant provision is inadequate and would tend to inhibit the incentive of the municipalities to seek local control;

2. The 50% grant provision for new or expanded programs is also inadequate and this increased burden could not be met by many of the rural municipalities. It would consequently decrease the ability of the local community to expand or initiate needed health services;

3. There needs to be the stipulation and clarification of the type and degree of technical assistance provided for the municipalities;

4. A provision should be included to allow for the escalation of grant support in conjunction with the rise in costs;

5. HB 207 contains a 6,000 population requirement that is an unnecessary obstacle for the decentralizing of health services in districts not served by local governments, and it should be decreased.

POSITION PAPER

ON

HOUSE BILL 206

"An act relating to public health services in municipalities; and providing for an effective date."

House Bill 206 authorizes the Department of Health and Social Services to delegate State mandated public health responsibilities to eligible municipalities desiring to assume local public health delivery functions. In addition, House Bill 206 provides a grants mechanism to assist such municipalities in paying the costs of providing the public health services assumed under an approved plan of service.

House Bill 206 permits local autonomy in the operation of public health programs along standards set by the Department. As local communities develop increased sophistication in their manpower pool (medical and administrative professionals), local autonomy and control becomes desirable from a standpoint of the ability to respond to local situations and the interpretation of local problems. Nationally there is great variability in public health responsibilities with the spectrum ranging from Alaska, where Anchorage represents the only local governmental unit which has assumed full public health responsibilities through an established local health department, to a number of states where every subdivision (county) has local health authority. The purpose of this act is to permit and to economically assist municipalities in assuming this responsibility.

Several factors in Alaska encourage the adoption of a mechanism permiting the local assumption of public health activities in Alaska. The great distances in the State have encouraged geographic, population, and economic differences; giving a unique flavor and characteristic to each major metropolitan community. Increasing local concern about health issues combined with increasing population and an expanding tax base encourages both the philosophical interests and the economic feasibility of the local development of public health programs. The state has endorsed the concept of local, consumer-oriented health planning (Chapter 275, SLA 1976), it seems only logical to similarly endorse local health delivery as well.

Achieving local autonomy over public health delivery in Alaska is admittedly not an easy or automatic process. The traditionally low density population, the absence of a reliable tax base and the communication and transportation difficulties present in many Alaskan communities have made the adoption of locally sponsored health services difficult. As a result, the centralized services provided by the Department of Health and Social Services, Division of Public Health and its regional offices and field stations are relied upon almost exclusively. Recognizing that Alaska's unique characteristics often work against the effective provision of locally sponsored health services, the State is not eager to mandate the assumption of public health services by local entities. Thus House Bill 206 provides for the purely voluntary assumption of responsibility for local health services, appreciating the fact that not all communities having local health powers will wish or be able to avail themselves of this opportunity, at least immediately.

Even those communities choosing to assume responsibility for the delivery of public health services will need financial assistance. House Bill 206 recognizes the necessity for economic assistance to local municipalities who elect to assume responsibility for the delivery of public health services. The Bill establishes a grants mechanism to provide 90 per cent of the State money budgeted for local public health services conducted in the participating municipality for the fiscal year preceding application and to continue to provide this sum of money in each subsequent fiscal year. The bill also provides an incentive for participating municipalities to expand the public health services offered by providing State funds to match 50 per cent of the cost of additional se ces. Any decrease in services offered will be prevented by a maintena f effort clause.

Applications for grants will be subject to the approval of the appropriate regional health systems planning agency as a precaution against the duplication or fragmentation of services. To assure that federal and state standards for comprehensive health services are maintained, House Bill 206 requires participating municipalities to follow an approved health services plan. The Department of Health and Social Services will necessarily monitor the activities conducted under this plan to assure quality, quantity continuity and comparability of services. The Department will provide technical and consultative assistance to the local entities as well. In addition, the State will continue to provide basic public health services to areas not choosing to assume local health responsibilities. The State will also continue to provide those specialized statewide services such as vital statistics, laboratory services, etc., which are not economically feasible to offer on a local basis.

House Bill 206 should be considered as companion legislation to House Bill 207, "An Act relating to contracts for local health services." As HB 206 permits the assumption of public health services by organized political subdivisions with public health powers, HB 207 authorizes contractural arrangements for selected public health services in areas of the State not served by local governments with public health powers. In any governmental activity there is a continued changing balance between the advantages of local control of the services (local responsiveness, local recruitment of personnel, local coordination) and the advantages of centralized control (decreased administrative costs, centralized administration including fiscal accounting and recruitment, and the more effective utilization of specialized personnel). These bills permit but do not mandate local assumption of these responsibilities and permit a latitude desirable, we believe, for Alaska. The enactment of both bills will provide a mechanism whereby the responsibility for providing public health services may be delegated to local entities throughout the State, thus meeting the objective of decentralizing the delivery of public health services in Alaska.

The Department of Health and Social Services endorses House Bill 206.

Recommended By: Robert I. Fraser, M.D. — Date 2/23/77

Approved By: Lois M Jund for Francis S. L. Williamson, Commissioner, Department of Health and Social Services — Date 2/23/77

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 206
Title LOCAL PUBLIC HEALTH SERVICES - MUNICIPALITIES
Requested by ______ Date 2/23/77

II. FISCAL DETAIL
Agency Affected HEALTH & SOCIAL SERVICES
Program Category Affected HEALTH
Budget Request Unit(s) Affected Public Health Administration

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES		62.6	65.7	46.0	48.3	50.7
200 TRAVEL		5.0	5.2	5.5	5.8	6.1
300 CONTRACTUAL		5.0	7.3	3.7	3.9	4.1
400 COMMODITIES		1.5	1.6	1.1	1.2	1.3
500 EQUIPMENT		2.5	-	-	-	-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		76.6	79.8	56.3	59.2	62.2

FUNDING (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
GENERAL FUND		76.6	79.8	56.3	59.2	62.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
FULL TIME		2.5	2.5	2.5	2.5	2.5
PART TIME						
TEMPORARY						

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

These fiscal notes are analogous to notes prepared for Bill #596A for the ninth legislative session.

Administrative staff necessary for implementation of this bill will include the following positions.

1. PFT Local Health Services Program Administrator (range 23)
2. PFT Accounting Systems Analyst (range 19)
3. PFT Administrative Assistant (range 16)
4. PFT (2) Clerk Typist III (range 8)

Much of the initial work will be in development of regulations, standards, manuals, and guidelines common to both "Municipalities" and "Public Health Districts" bills. Therefore, the cost of the first two years of implementing

IV. DATE 2/23/77
PREPARED BY Frances Fleek [signature]
AGENCY Division of Public Health
PHONE 465-3093

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

33-001 (Rev. 10/76)

the Local Public Health Services legislation has been divided equally between the two fiscal notes. Should either of these bills fail to pass, the entire administrative cost should be assigned to the bill which is enacted.

From 1980 on, this staff will continue to provide technical assistance, review grant applications for new and continuing grants, and monitor for compliance with existing laws and regulations. Since the largest and most complex area to administer will be the unorganized borough, 1/3 of the cost of administering the Local Public Health Services legislation has been assigned to this bill, and 2/3 to the Public Health Districts HB 207 beginning in FY-1980.

Assuming all municipalities and major cities will qualify, apply for, and receive grants by the initial grant year of 1980, and that they would assume both the Nursing and Environmental Health programs, the positions assigned to those communities at that time would be phased out and the staff presumably would be hired by the communities. As the grants to communities for basic public health services equivalent to existing services is to be equal to 90% of the cost of existing programs for the year preceding the initial grant, the reduction in State programs should result in a 10% surplus which would be used to provide the funds necessary to support the 50% match for the implementation of new programs.

Existing Central and Regional Nursing and Environmental Health staff will be utilized in administration and in providing technical assistance to assure program compliance and uniformity of professional standards.

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 206
Title LOCAL PUBLIC HEALTH SERVICES - MUNICIPALITIES
Requested by ______ Date 2/23/77

II. FISCAL DETAIL
Agency Affected HEALTH & SOCIAL SERVICES
Program Category Affected HEALTH
Budget Request Unit(s) Affected Public Health Administration

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES		62.6	65.7	46.0	48.3	50.7
200 TRAVEL		5.0	5.2	5.5	5.8	6.1
300 CONTRACTUAL		5.0	7.3	3.7	3.9	4.1
400 COMMODITIES		1.5	1.6	1.1	1.2	1.3
500 EQUIPMENT		2.5	-	-	-	-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		76.6	79.8	56.3	59.2	62.2

FUNDING (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
GENERAL FUND		76.6	79.8	56.3	59.2	62.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
FULL TIME		2.5	2.5	2.5	2.5	2.5
PART TIME						
TEMPORARY						

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

These fiscal notes are analogous to notes prepared for Bill #596A for the ninth legislative session.

Administrative staff necessary for implementation of this bill will include the following positions.

1. PFT Local Health Services Program Administrator (range 23)
2. PFT Accounting Systems Analyst (range 19)
3. PFT Administrative Assistant (range 16)
4. PFT (2) Clerk Typist III (range 8)

Much of the initial work will be in development of regulations, standards, manuals, and guidelines common to both "Municipalities" and "Public Health Districts" bills. Therefore, the cost of the first two years of implementing

IV. DATE 2/23/77 PREPARED BY Frances Fleek [signature]
AGENCY Division of Public Health
PHONE 465-3093

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

33-001 (Rev. 10/76)

the Local Public Health Services legislation has been divided equally between the two fiscal notes. Should either of these bills fail to pass, the entire administrative cost should be assigned to the bill which is enacted.

From 1980 on, this staff will continue to provide technical assistance, review grant applications for new and continuing grants, and monitor for compliance with existing laws and regulations. Since the largest and most complex area to administer will be the unorganized borough, 1/3 of the cost of administering the Local Public Health Services legislation has been assigned to this bill, and 2/3 to the Public Health Districts HB 207 beginning in FY-1980.

Assuming all municipalities and major cities will qualify, apply for, and receive grants by the initial grant year of 1980, and that they would assume both the Nursing and Environmental Health programs, the positions assigned to those communities at that time would be phased out and the staff presumably would be hired by the communities. As the grants to communities for basic public health services equivalent to existing services is to be equal to 90% of the cost of existing programs for the year preceding the initial grant, the reduction in State programs should result in a 10% surplus which would be used to provide the funds necessary to support the 50% match for the implementation of new programs.

Existing Central and Regional Nursing and Environmental Health staff will be utilized in administration and in providing technical assistance to assure program compliance and uniformity of professional standards.

Rocky -
distribute to
committee
for HB206
207

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Intra-Department Route Slip
Juneau Central Office

/ / Office of Commissioner
- / / Deputy Commissioner
- / / Admin Officer
- / / Information
- / / Aging
- / / Alcoholism
- / / Comp Health Planning
- / / Drug Abuse
- / / Parole Board
- / / Quality Control/Collections

/ / Dir, Administrative Services
- / / Deputy Director
- / / Financial Management
  - / / Budget/Expend Control
  - / / Contracts
- / / Fiscal Operations Section
  - / / Federal Reports
  - / / Fiscal Services
  - / / Statistics
  - / / Bureau of Vital Stat
- / / Graphic Arts/Library
- / / Personnel
- / / Supply
- / / Violent Crimes Compensation

/ / Dir, Corrections

/ / Dir, Family & Children Svcs
- / / Admin Officer
- / / Adult Assistance
- / / Family Program Unit
- / / Food Stamp
- / / Pioneer Home Admin
- / / WIN

/ / Dir, Public Health
- / / Administration
- / / Communicative Disorders
- / / Environmental Health
- / / Family Health
- / / Health Fac Cert & Licen
- / / Health Program Support
- / / Laboratories
- / / Nursing

/ / Dir, Medical Assistance
- / / Audit/Systems Support
- / / Claims Processing
- / / Medical Surveillance

/ / Dir, Mental Health
- / / Program Administration
- / / Developmental Disabilities
- / / Mental Health Services

TO: Rocky McKinnon.
House HESS.

/ / Approval, Signature and Return
/ / Draft Reply by ____
/ / Necessary Action
/ / Reply Direct w/cc this office
/ / Per Request
/ / Per Conversation
/ / Comment by ____
/ / Disseminate to All Concerned
/ / Call Me
/ / Information and File
/ / Other ____

COMMENTS:

Please distribute to each HESS member to replace the first page. Correction made as requested by Rep. Chatterton.

Dept. of Health & Social Services
Division of Public Health
Section of Laboratories
Pouch H-06D
Juneau, Alaska 99811

Office/Section ____ Date 3/29/77

By J.P. Paul

Form No. 06-5224 (4/4/75)

HB 206

February 11, 1977

The Honorable Hugh Malone
Seaker of the House
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18 of the Alaska Constitution, and in accordance with AS 24.30.060(b) and the Uniform Rules of the Alaska State Legislature, I am transmitting a bill which would authorize the voluntary formation of public health districts in organized boroughs which do not have public health powers and in the unorganized borough, with which the state could contract for the provision of selected public health services. These districts could in turn subcontract, if they desired, with private health corporations in their areas for the actual performance.

These districts in the unorganized borough would be coterminus with the regional educational attendance areas established under AS 14.08.031, and would be administered by locally elected boards. Similar contracts could be entered into with the assemblies of organized boroughs which do not have health powers, and with cities in the unorganized borough. Contracting entities would be required to match ten per cent of the total amount of the contract with revenue or in-kind contributions.

Private health corporations, especially those in which Alaska Native people are active, are eager to perform some of the services which are now being provided by the state, and this measure is intended to further this aim, by providing a level of local administrative authority through which the contracts can be administered under the supervision of the Department of Health and Social Services.

Sincerely,

Jay S. Hammond
Governor

THE LEGISLATURE OF THE STATE OF ALASKA
TENTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. HB 206
Title LOCAL PUBLIC HEALTH SERVICES - MUNICIPALITIES
Requested by BUDGET & MANAGEMENT Date 2/9/77

II. FISCAL DETAIL
Agency Affected HEALTH & SOCIAL SERVICES
Program Category Affected HEALTH
Budget Request Unit(s) Affected PUBLIC HEALTH ADMINISTRATION

EXPENDITURES (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
100 PERSONAL SERVICES		62.6	65.7	46.0	48.3	50.7
200 TRAVEL		5.0	5.2	5.5	5.8	6.1
300 CONTRACTUAL		5.0	7.3	3.7	3.9	4.1
400 COMMODITIES		1.5	1.6	1.1	1.2	1.3
500 EQUIPMENT		2.5	0	0	0	0
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		76.6	79.8	56.3	59.2	62.2

FUNDING (Thousands of Dollars)

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
GENERAL FUND		76.6	79.8	56.3	59.2	62.2
FEDERAL FUNDS						
OTHER (Specify)						

POSITIONS

	FY 77	FY 78	FY 79	FY 80	FY 81	FY 82
FULL TIME		2.5	2.5	2.5	2.5	2.5
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)
These fiscal notes are analogous to notes prepared for Bill #596A for ninth legislative session.
Administrative staff necessary for implementation of this bill will include the following positions.

1. PFT Local Health Services Program Administrator (range 23)
2. PFT Accounting Systems Analyst (range 19)
3. PFT Administrative Assistant (range 16)
4. PFT (2) Clerk Typist III (range 8)

Much of the initial work will be in development of regulations, standards, manuals, and guidelines common to both "Municipalities" and "Public Health Districts" bills. Therefore, the cost of the first two years of implementing the Local Public Health Services legislation has been divided equally between the two fiscal notes. Should either of these bills fail to pass, the entire administrative cost should be assigned to the bill which is enacted.

IV. DATE 2/9/77 PREPARED BY Francis Fleek
AGENCY Division of Public Health
PHONE 465-3093

Original: Legislative Finance
cc: Budget and Management

From 1980 on, this staff will continue to provide technical assistance, review grant applications for new and continuing grants, and monitor for compliance with existing laws and regulations. Since the largest and most complex area to administer will be the unorganized borough, 1/3 of the cost of administering the Local Public Health Services legislation has been assigned to the "public Health Districts" bill and 2/3 to this bill from FY 1980 on.

The first year in which contracts may be entered into will be 1980. It is assumed that all attendance areas will be represented by Public Health Districts and that all districts will qualify for contracts and assume both the Nursing and Environmental Health programs for their districts. The positions assigned to those districts would be phased out and the staff presumably would be hired by the district. These contracts will be granted at 90% of the cost of basic public health services equivalent to existing services (Public Health Nursing and Environmental Health staff costs) for the Public Health District for the year prior to the contact year. The apparent 10% savings resulting will be utilized to support the cost of transportation and per diem for the Board members

Existing Central and Regional Nursing and Environmental Health staff will be utilized in administration and in providing technical assistance to assure program compliance and uniformity of professional standards.

ALASKA STATE LEGISLATURE

TENTH Legislature FIRST Session

HOUSE BILL NO. 206

By THE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

"An Act relating to public health services in municipalities; and providing for an effective date."

Pub. Hlth. svcs. municipalities

Introduced in the House 2-11, 1977.

HISTORY IN THE HOUSE

1977		
		Read first time and referred to Committee on
Feb.	11	HESS and Finance
		Reported back with recommendation that
		Read second time and
		Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reported correctly engrossed
Signed by Speaker
Sent to Senate

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19

Read first time and referred to Committee on

Reported back with recommendation that

Read second time and

Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reported correctly engrossed
Signed by President
Returned to House

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

19

Received from Senate

Concurred in Senate amendment thus adopting:

Failed to concur in Senate amendment; asked Sen. to recede

Senate receded from amendment

Senate failed to recede from amendment

FCC appointed by House

FCC appointed by Senate

FCC adopted

To enrolling

Reported correctly enrolled

Sent to Governor

.... by Governor

Filed with Lt. Governor

Chapter No. ....

31-032